



Supplier:

VIAMED LTD

15 STATION ROAD
CROSS HILLS
KEIGHLEY
BD20 7DT

GLN:

Buyer CHARLOTTE RRF TWISS

Telephone

Email charlotte.twiss@wwl.nhs.uk

RRF01DF COMMUNITY EQUIPMENT

Deliver to:

ASHTON CLINIC
QUEEN'S AVENUE
ASHTON IN MAKERFIELD
WIGAN, WN4 8LB

Invoice to:

WRIGHTINGTON, WIGAN & LEIGH
TEACHING HOSPITALS NHS FOUNDATION
RRF PAYABLES F615
PO BOX 312
LEEDS. LS11 1HP

0303 123 1177
GLN:

Order Number	319167061
Date	14-AUG-23

Purchase Order issued in accordance with the appropriate NHS Terms & Conditions for the Supply of Goods and for the Provision of Services

Should the cost of any item requested within differ from that stated, if any item is currently out of stock, or if a carriage charge needs to be added, please contact the named buyer immediately before proceeding

Please note any specific delivery requirement below and ensure delivery is made to the "Deliver To" address NOT the invoice address
All goods supplied which are covered by COSHH and CHIP Regulations MUST be accompanied by the relevant safety data sheet upon each despatch

Payment Terms: Net Terms Monthly

Quantity Required	U.O.M.	Supplier Part Number	Description	Delivery Date	Unit Price Including Discount	Line Value GBP
Quotation QVM145065.						
1 EACH		1410000	1410000 Foetal Heart Simulator V1000	21-AUG-23	659.00	659.00
1 EACH		DELIVERY CHARGE	UPS Courier Delivery - Standard	21-AUG-23	12.00	12.00

Total Value of Order (Exc VAT)

671.00

Instructions to Supplier: This order is subject to the standard NHS Terms and Conditions of contract. For a copy of these please contact the Buyer for this order. Any price alterations must be agreed with the buyer prior to order execution. The above order number must be quoted on all invoices, acknowledgements, delivery notes and other correspondence. A delivery note must accompany each consignment of goods. The order must not be passed to any third party for supply. Any invoices not complying with these instructions will be returned unpaid to the supplier.