

# **Purchase Order**

Chelsea and Westminster Hospital **MHS** 

West Middlesex University Hospital

#### **ENQUIRIES TO:**

Procurement Department

Email: chelwest.procurement@nhs.net

Accounts Payable Department:

Email: chelwest.apinvoices.wmuh@nhs.net

### **SUPPLIER**

VIAMED 15 STATION ROAD CROSSHILLS KEIGHLEY W YORKS BD20 7DT

#### SEND INVOICE TO::

Chelsea and Westminster Hospital NHS Foundation Trust West Middlesex University Hospital Site Finance Department, 2nd Floor East Wing Twickenham Road, Isleworth, TW7 6AF

#### **DELIVER TO / EXECUTE WORK AT**

RECEIPT & DISTRIBUTION -STORES CHELSEA & WESTMINSTER HOSPITAL 369 FULHAM ROAD LONDON SW10 9NH

## **NHS Foundation Trust**

West Middlesex University Hospital Twickenham Road Isleworth

Middlesex TW7 6AF Direct Tel: 020 8321 5326 Direct Fax: 020 8321 2588

**DETAILS** 

ORDER NUMBER: **CW203878**DATE: 09/01/24

DATE: 09/01/24
SUPPLIER No: VIAME
SITE No: 1871
DELIVERY DATE: 08/01/24
REQ. No: R281603

	CODE	DESCRIPTION	UNIT		No. OF UNITS	TRADE DISC	ITEM PRICE Exc. VAT	VALUE Exc. VAT	VAT
		0110026 - R-26MED OXYGEN SENSOR	EACH		1.0		81.60	81.60	20.00
	2. All goods to be dispate	placed against the NHS standard terms and conditions. ched carriage paid unless specified on the order.		00		28~_2	、 Total Net	81.6	60
	4. A delivery note quoting	der are to be supplied without confirmation from the Procurement Office. g this official order number must accompany all goods. s) as shown on this order must be agreed by the Procurement Office before the order is	executed .				Total VAT	16.3	
	6. All goods to be deliver	ed in accordance with the COSHH regulations.  Lote this official order number will be returned to the supplier.	CAGCUIGU.		nd on beh	alf	Total Value	97.9	
(	8. Goods must be delivered between the hours of 08:00 and 15:00, Monday to Friday unless otherwise stated			of the Trust					