



**Supplier:**  
VIAMED LTD  
  
15 STATION ROAD  
CROSS HILLS  
KEIGHLEY  
WEST YORKSHIRE  
BD20 7DT  
  
GLN: 210076186

**Buyer**    SONIA RAE FARAH

**Telephone**

**Email**    Sonia.Farah@bthft.nhs.uk

RAE0057 BRI CLINICAL ENGINEERING

**Deliver to:**  
RECEIPT AND DISTRIBUTION  
GATE 6, SMITH LANE  
BRADFORD  
West Yorkshire BD9 6RJ

**Invoice to:**  
BRADFORD TEACHING HOSPITALS NHS  
FOUNDATION TRUST  
RAE PAYABLES 4405  
PO BOX 312  
LEEDS, LS11 1HP  
  
0303 123 1177  
GLN:

|              |           |
|--------------|-----------|
| Order Number | 34464947  |
| Date         | 17-JAN-24 |

1.Deliveries will only be accepted between 8.00am and 4.30pm Monday to Thursday and between 8.00am and 4.00pm Friday

2.For further invoicing information, please visit -

<https://www.sbs.nhs.uk/supplier-submitting-invoices>

| Quantity Required | U.O.M. | Supplier Part Number | Description                     | Delivery Date | Unit Price Including Discount | Line Value GBP |
|-------------------|--------|----------------------|---------------------------------|---------------|-------------------------------|----------------|
| 1.00              | EACH   | 2510005              | 2510005<br>MICROSTIM DB3 TESTER | 19-JAN-24     | 60.00                         | 60.00          |

Total Value of Order (Exc VAT)

60.00

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.