OFFICIAL PURCHASE ORDER

Order No: **CE00151**Order Date: 25/01/24

Enquiries To:

Chloe Legg chloe.legg@uhd.nhs.uk



Supplier:

BD20 7DT

VIAMED 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE Supplier Code: 1601

Supplier Tel No.:01535 634 542

Deliver To:
GOODS INWARDS CHRISTCHURCH HOS
FAIRMILE ROAD
CHRISTCHURCH

DORSET BH23 2JX

ORDERS@VIAMED.CO.UK | NO DELIVERIES ACCEPTED BETWEEN 1200HRS - 1300HRS

Invoice To:

PLEASE EMAIL TO: ELFS.001UHD@CLOUD-TRADE.COM OR POST: UNIVERSITY HOSPITALS DORSET NHS FT

C/O ELFS Shared Services PO Box 4418, Unit 2 Swindon, SN4 4RW Invoice queries

https://elfssupplierportal.powerappsportals.com

2810055 2810055 A5 OLED FINGER PULSE OXIMETER 22/01/24 15.00 UNIT OF 1 28.00 20.00 42	Line No:	Supplier Product Code	Description	Required Date	Qty	Unit of Issue	Unit Price	Vat Rate	Vat Excl.
					15.00	UNIT OF 1	28.00		420.00

1. The above Official Order Number to be quoted on all invoices, advice and delivery notes and all correspondance.

2. Unless specified goods and services must be provided carriage paid.

3. No variation to this order without written authority. Any alteration in quantity or price must be agreed in writing by the ordering officer before any goods/services are supplied.

4. This Purchase Order is placed with your organisation subject to the application of our terms and conditions as referred to in the Department of Health's "Applicable Contract".

Terms Policy": https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services
5. Please submit your invoice via PEPPOL

Total Value

VAT

Total Excl. VAT

84.00 504.00

420.00