OFFICIAL PURCHASE ORDER

Order No: CE00153 Order Date: 25/01/24

Enquiries To:

Michael Carter michael.carter@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 ROYAL BOURNEMOUT CASTLE LANE EAST BOURNEMOUTH DORSET BH7 7DW

ORDERS@VIAMED.CO.UK | NO DELIVERIES ACCEPTED BETWEEN 1200HRS - 1230HRS

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

Line No:	Supplier Product Code	Description	Required Date	Qty	Unit of Issue	Unit Price	Vat Rate	Vat Excl.
1	2810055	2810055 A5 OLED FINGER PULSE OXIMETER	25/01/24	1.00	UNIT OF 1	28.00	20.00	28.00
2		CARRIAGE	25/01/24	1.00	UNIT OF 1	10.00	20.00	10.00

^{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.

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

VAT 7.60

Total Value

Total Excl. VAT

45.60

38.00

^{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.