## **PURCHASE ORDER**

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## WORCESTERSHIRE ACUTE HOSPITALS NHST

NHS

Supplier:

VIAMED LTD

15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE BD20 7DT

GLN:

Buyer NICOLA RWP JONES

**Telephone** 

Email nicola.jones63@nhs.net

RWP 182848 TECHNICAL SERV DEPT

Deliver to:

KIDDERMINSTER HOSPITAL RECEIPTS AND DISTRIBUTION FRANCHISE STREET KIDDERMINSTER, DY11 6RJ

Invoice to:

WORCESTERSHIRE ACUTE HOSPITALS NHST RWP PAYABLES 6485 PO BOX 312 LEEDS. LS11 1HP

0303 123 1177 GLN:

Order Number	305573445
Date	02-APR-24

PLEASE CHECK THIS P.O. IF ANY OF THE DETAILS CONCERNING THE ITEMS LISTED ARE BELIEVED TO BE INCORRECT, I.E. SUPPLIER CODE, ITEM DESCRIPTION, PRICE OR DELIVERY CHARGE,

PLEASE EMAIL FULL DETAILS OF THE AMENDMENTS TO: WAH-TR.PURCHASING@NHS.NET OR ALTERNATIVELY FAX AN AMENDED COPY OF THE P.O. TO 01527 502822 AND.

IF REQUIRED, THE ORDER WILL BE RESUBMITTED TO YOU.

Quantity Required	U.O.M.	Supplier Part Number	Description	Delivery Date	Unit Price Including Discount	Line Value GBP
			Quote number QVM149100			
60 EACH	EACH	Quote number QVM149100	Quote number QVM149100  Calibration to Foetal Heart Simulator test	16-APR-24		60.00
			equipment			
12	EACH	Shipping	Quote number QVM149100  Return shipping of  Foetal Heart Simulator test equipment	16-APR-24		12.00

Total Value of Order (Exc VAT)

72.00

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.