

# PURCHASE ORDER

Dorset County Hospital 

NHS Foundation Trust

Williams Avenue

Dorchester

Dorset

DT1 2JY

P.O. Queries: [supplies@dchft.nhs.uk](mailto:supplies@dchft.nhs.uk)

Invoice Queries: [payables@dchft.nhs.uk](mailto:payables@dchft.nhs.uk)

| Supplier                                                                           |
|------------------------------------------------------------------------------------|
| VIAMED<br>15 STATION ROAD<br>CROSS HILLS<br>KEIGHLEY<br>WEST YORKSHIRE<br>BD20 7DT |

| Deliver To / Execute Work At                                               |
|----------------------------------------------------------------------------|
| DCHSTORE<br>Dorset County Hospital<br>Damers Road<br>Dorchester<br>DT1 2JY |

| Order Date | Supplier Number | Order Number | Reprint |
|------------|-----------------|--------------|---------|
| 02/05/24   | 977             | MM34019      |         |

| Supplier Product Code | Description                          | Required By | Qty  | UOM       | Unit Price | Nett Price |
|-----------------------|--------------------------------------|-------------|------|-----------|------------|------------|
| 0021013               | POSEY PULSE OX SENSOR WRAP<br>(6554) | 09/05/24    | 3.00 | Box of 12 | 15.80      | 47.40      |

## Conditions of supply

The Purchase order number (MM34019) must appear on all packages, invoices, shipping papers and correspondence. Packing slips must accompany all shipments. Stores open between 8:30am and 4:00pm Monday to Friday (except Bank Holidays). This order is subject to the NHS Terms and Conditions for the Supply of Goods/Services (October 2022) a copy can be obtained on application to the Purchasing Manager.

|                    |              |
|--------------------|--------------|
| <b>Nett</b>        | <b>47.40</b> |
| <b>VAT</b>         | <b>9.48</b>  |
| <b>Total Value</b> | <b>56.88</b> |