

PURCHASE ORDER

Supplier's Order

Order Number : OG16109
Order Date : 16-MAY-24
Supplier Code : 00221000
Reference : BC05
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Order to:
VIAMED
15 STATION ROAD
CROSS HILLS
KEIGHLEY
WEST YORKSHIRE
BD20 7DT

Deliver to:
STORES DEPARTMENT
NORTHAMPTON GENERAL HOSPITAL NHS TRUST
CLIFTONVILLE
NORTHAMPTON
NN1 5BD
Email: ngh-tr.supplies.dept@nhs.net

All invoices to:
PAYMENTS DEPARTMENT
NORTHAMPTON GENERAL HOSPITAL NHS TRUST
CLIFTONVILLE
NORTHAMPTON
NN1 5BD
Email: ngh-tr.payments@nhs.net

Product or Service	QTY	UOM	Date Required	Contract Ref	Price	Net Value
0021013 SENSOR WRAP FOR USE WITH MULTI-SITE Y' SENSORS REF 6554 **PRICE BREAKS ON THIS ITEM**	10.00	12	15-MAY-24		11.80	118.00
VIAMED CARRIAGE MINIMUM CHARGE	1.00	1	15-MAY-24		8.00	8.00
					TOTAL	126.00

Terms and Conditions

Unless specified as an order placed under an existing contract, the order is subject to the NHS conditions of Contract for the Purchase of Goods and the Contract for the supply of Services (copies of which may be obtained on application) and the terms and conditions set out therein.

Any queries please contact Supplies on 01604 545115

For and on behalf of Northampton General Hospital NHS Trust