PURCHASE ORDER

Page 1 of 1

HAMPSHIRE HOSPITALS NHSFT

Supplies@hhft.nhs.uk

Order Number

1. This order is issued in accordance with NHS Terms and Conditions of

4. All goods are signed for by R&D operatives as 'unchecked'. 5. All invoices must quote the official order number.

6. Please confirm receipts, back orders and price changes via email to

2. All goods must be accompanied by a delivery note quoting the official order 3. Goods must be delivered between 0800 and 1600 Monday to Friday ex Bank

Date



260144191

14-DEC-15

Supplier:

Buyer

Email

HUMANMED UK LTD 19 BIRCHWOOD ROAD WILMINGTON, KENT DA2 7HF

KERRY RN5 STEVENSON

kerry.stevenson@hhft.nhs.uk

01322 611 729

Telephone 01256 313411

RN54236 RHCH GYNAE THEATRE

Deliver to:

WINCHESTER STORES DEPARTMENT ROYAL HAMPSHIRE COUNTY HOSPITA QUEENS ROAD

Invoi	ce to
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RN5 PAYABLES F025 PHOENIX HOUSE, TOPCLIFFE LANE WAKEFIELD, WF3 1WE

WINCHESTER, SO22 5HS

HAMPSHIRE HOSPITALS NHSFT

0303 123 1177	
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Quantity Required	U.O.M	Supplier Part Number:	Description	Delivery Date	Unit Price (Inc Discount)	Line Value GBP
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1 BOX 5 500001

500001 BODYJET WAL-APPLICATOR (BOX NOT SINGLE 11-DEC-15 USE)

1, 100, 00

1, 100, 00

Total Value of Order (Exc VAT)

1, 100, 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.