PURCHASE ORDER

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HAMPSHIRE HOSPITALS NHSFT



Supplier: KEIGHLEY, WEST YORKS BD20 7DT CROSS HILLS 17 STATION ROAD HUMANMED UK LTD

0208 712 1192

Deliver to: WINCHESTER STORES DEPARTMENT ROYAL HAMPSHIRE COUNTY HOSPITA WINCHESTER, SO22 5HS QUEENS ROAD

Invoice to: **RN5 PAYABLES F025** HAMPSHIRE HOSPITALS NHSFT

0303 123 1177 PHOENIX HOUSE, TOPCLIFFE LANE WAKEFIELD, WF3 1WE

Email

kerry.stevenson@hhft.nhs.uk

RN54236 RHCH GYNAE THEATRE

Telephone

01256 313411

Buyer

KERRY RN5 STEVENSON

| Date | Order Number |
|-----------|--------------|
| 17-FEB-16 | 260150234 |

- This order is issued in accordance with NHS Terms and Conditions of Contract
- 3. Goods must be delivered between 0800 and 1600 Monday to Friday ex Bank 2. All goods must be accompanied by a delivery note quoting the official order
- Holidays,
- All goods are signed for by R&D operatives as 'unchecked'.
 All invoices must quote the official order number.
 Please confinn receipts, back orders and price changes via email to Supplies@hhft.nhs.uk

| - | Quantity Required |
|---------------------------|------------------------------|
| 1 EACH | U.O.M |
| 665010 | Supplier Part Number: |
| 665010_EXTRACTION CANNULA | Description |
| 18-FEB-16 | Delivery Date |
| 90_00 | Unit Price (Inc Discount) |
| 90.00 | Line Value GBP |

Total Value of Order (Exc VAT)

90.00

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