## **PURCHASE ORDER**

Dorset County Hospital **NHS** 

Supplier

VIAMED 15 STATION ROAD **CROSS HILLS** KEIGHLEY WEST YORKSHIRE BD20 7DT

## Deliver To / Execute Work At

DCH DISTRIBUTION HUB (G7) HAMPTON FARM BUSINESS PARK **BOCKHAMPTON LANE** HIGHER BOCKHAMPTON DORCHESTER, DORSET DT2 8QH

**NHS Foundation Trust** 

Williams Avenue Dorchester Dorset DT1 2JY

P.O. Queries: supplies@dchft.nhs.uk Invoice Queries: payables@dchft.nhs.uk

Order Date	Supplier Number	Order Number	Reprint
12/08/25	977	MM37421	

Supplier Product Code	Description		Required By	Qty	UOM	Unit Price	Nett Price
0021013	POSEY PULSE OX SENSOR WRAP		19/08/25	3.00	Box of 12	16.20	48.60
	(6554)						
CARRIAGE	CARRIAGE		12/08/25	1.00	EACH	10.00	10.0
Conditions of suppl	<u> </u>					NI - 44	E0.6
he purchase order num	ber (MM37421) must appear on all packages, invoices, shipping paper	s and correspondence. Packing slips must a	ccompany al	ı		Nett VAT	58.6 11.7
ipments. Stores opening times 0830 - 1600 Monday to Friday (except Bank Holidays). Warehouse opening times 0830 - 1500, Monday to Friday is order is subject to the NHS Terms and Conditions for the Supply of Goods and the Provision of Services (Purchase Order Version) (February 2025)  Total Value					70.3		

a copy can be obtained on application to the Purchasing Manager.

Nett	58.60
VAT	11.72
Total Value	70.32