

**PURCHASE ORDER: RJL74402**  
**Please quote order number on all correspondence**

**SUPPLIER:**

VIAMED LTD  
15 STATION ROAD  
CROSS HILLS  
BD20 7DT

**INVOICE TO:**

NORTHERN LINCOLNSHIRE AND GOOLE NHS TRUST  
C/O ELFS Business Services  
Viscount House, Arkwright Court  
Commercial Rd, Darwen, BB3 0FG  
Email: 208.nlag@elfsap.co.uk

**DELIVER TO:**

VAT Regn No : GB 654 9775 80

SGH RECEIPT AND DISTRIBUTION C  
Scunthorpe General Hospital  
Cliff Gardens  
Scunthorpe  
DN15 7BH

Enquiries via email or telephone  
Email : nlg-tr.Purchasing@nhs.net / 03033 306757

Vendor Number: 1975  
Date: 05/12/25  
Requisition Number: R294146

LINE NO	ITEM REF	DESCRIPTION	DELIVERY	QUANTITY	UNIT OF ISSUE	UNIT PRICE	LINE VALUE
1		0110072 - R-22VI O2 SENSOR PK OF 2	08/12/25	3.00	EACH	73.90	221.70
2		0110017 - R17MED O2 CELL	08/12/25	3.00	EACH	51.70	155.10
3		2530004 - BATTERY COVER MICROSTIM DB3	08/12/25	5.00	EACH	4.20	21.00
<b>CONDITIONS OF ORDER</b> <small>1. This order is placed subject to the relevant NHS Terms and Conditions as detailed below - a) Where a valid agreement exists for the items listed above the following NHS Terms and Conditions shall prevail (as applicable): - NHS Terms and Conditions for the Supply of Goods (Contract Version) Or NHS Terms and Conditions for the Provision of Services (Contract Version). b) Where no valid agreement exists for the items listed above the following NHS Terms and Conditions shall prevail (as applicable): - NHS Terms and Conditions for the Supply of Goods (Purchase Order Version) Or NHS Terms and Conditions for the Provision of Services (Purchase Order Version). 2. All goods must be accompanied by a delivery note quoting the above Purchase Order Number (RJL74402). Goods will only be accepted between 08:00 and 16:00 Monday to Friday. 3. The above order number must be quoted on all advice notes, delivery notes, correspondence, invoices, acknowledgements etc. 4. Any price variances to that shown above, must be notified immediately otherwise delays can occur in the settlement of your invoice. 5. Invoices must be sent to the address above/below and must quote the above Purchase Order Number. Invoices not complying with this instruction will be returned to the supplier. 6. Please submit your invoice via PEPPOL.</small>						<b>VAT Excl:</b>	397.80
						<b>Total VAT</b>	79.56
						<b>Order Total</b>	<b>477.36</b>