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| Supplier: VIAMED LTD 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE BD20 7DT GLN: |
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| Deliver to: KIDDERMINSTER HOSPITAL RECEIPTS AND DISTRIBUTION FRANCHISE STREET KIDDERMINSTER, DY11 6RJ |
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| Order Number | 305684655 |
| Date | 30-MAR-26 |

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| Buyer NICOLA RWP JONES |
| Telephone |
| Email nicola.jones63@nhs.net |

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| Invoice to: WORCESTERSHIRE ACUTE HOSPITALS NHST RWP PAYABLES 6485 PO BOX 312 LEEDS, LS11 1HP 0303 123 1177 GLN: |
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If any details concerning the items listed are believed to be incorrect i.e. price, supplier code, item description, supplier name or delivery charge please email full amendments to wah-tr.purchasing@nhs.net.

EORI GB654973788000 must be added to all goods and parcels on dispatch.

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| RWP 182848 TECHNICAL SERV DEPT |
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| Quantity Required | U.O.M. | Supplier Part Number | Description | Delivery Date | Unit Price Including Discount | Line Value GBP |
|---------------------------------------|-------------|----------------------|---|---------------|-------------------------------|----------------|
| 65 EACH | Calibration | | Returns number SRS69399 Functional Check Service and Certificate of Calibration of equipment with serial number PR02913A10 | 28-MAR-26 | | 65.00 |
| 12 EACH | Shipping | | Returns number SRS69399 Functional Check Service and Certificate of Calibration of equipment with serial number PR02913A10 Return shipping cost | 28-MAR-26 | | 12.00 |
| Total Value of Order (Exc VAT) | | | | | | 77.00 |

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.