

PURCHASE ORDER

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HAMPSHIRE HOSPITALS NHSFT



Supplier:

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

0208 712 1192
GLN:

Buyer LEAH RN5 LEWIS

Telephone

Email leah.lewis@hhft.nhs.uk

RN54236 RHCH GYNAE THEATRE

Deliver to:

WINCHESTER STORES DEPARTMENT
ROYAL HAMPSHIRE COUNTY HOSPITAL
QUEENS ROAD
WINCHESTER, SO22 5HS

Invoice to:

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

0303 123 1177
GLN:

Order Number

260209484

Date

05-OCT-17

1. This order is issued in accordance with NHS Terms and Conditions of Contract.
2. All goods must be accompanied by a delivery note quoting the official order number.
3. Goods must be delivered between 0800 and 1600 Monday to Friday ex Bank Holidays.
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 Supplies@hhft.nhs.uk
7. Any works to the fabric of the building must be approved by Estates and all personnel working on site will need a site induction.

Quantity Required	U.O.M	Supplier Part Number:	Description	Delivery Date	Unit Price (Inc Discount)	Line Value GBP
1 EACH		665010-5	665010-5_EXTRACTION CANNULA FILLER COLLECTOR GTIN:	05-OCT-17	68.85	68.85
1 EACH		50001	50001_WAL APPLICATOR GTIN:	05-OCT-17	664.35	664.35

Total Value of Order (Exc VAT)

733.20

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.