

PU

The following purchase order number must appear on all related correspondence, delivery papers, and invoices:

P.O. DATE	DEPARTMENT	REQUESTED BY	AUTHORISED BY
10/1/2018	Theatre	Graeme Hughes	Christine Mozzamde

[illegible]

PURCHASE ORDER

16399

Green Kleeman

	TERMS
er	See Below

[illegible]

Please notify us immediately if you are unable to deliver as specified.

Invoice to: TFHC Ltd t/a Transform
Transform Pines Hospital
192 Altrincham Road.
Sharston, Manchester. M22 4RZ
Phone 0161 495 2400 Fax 0161 495 2401

Name Graeme Hughes	Signature
Date Authorised	

Delivery	
SubTotal	£24,000.00
VAT	£4,800.00
TOTAL	£28,800.00