



<b>Purchase Order No.</b> RTFE400111312	<b>Rev No.</b> 0	<b>Page</b> 1 of 2	<b>NHFM Ltd</b> 
<b>Date of Order</b> 11-NOV-2019	<b>Revision Date</b>		

<b>Supplier:</b> Humanmed Uk Ltd 17 Station Rd Cross Hills Keighley BD20 7DT Tel: Fax:	<b>Deliver To:</b> Ntgh Supplies Stores Nh0001 North Tyneside General Hospital Rake Lane North Shields NE29 8NH United Kingdom	<b>Invoice To:</b> NHFM LTD Finance Department 7-8 Silverfox Way, Cobalt Business Park Newcastle Upon Tyne Tyne and Wear NE27 0QJ United Kingdom Tel: 0191 2031521 Email: accounts-payable@nhfml.co.uk	<b>Enquiries To:</b> Wendy Durrant Cobalt Supplies Department Xn0624 Unit 7/8, Silver Fox Way Cobalt Business Park Newcastle Upon Tyne NE27 0QJ Tel: 0191 203 1495 Email: wendy.durrant@northumbria-healthcare.nhs.uk
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<b>Important Information:</b> 1. Unless specified as an order placed under an existing contract, this order is subject to the NHS Standard Conditions of Contract for the Supply of Goods or Services, a copy of which may be obtained here: <a href="https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services">https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services</a> . 2. An advice of despatch must be sent separately to the consignee and the goods must be accompanied by a delivery note. 3. The above Purchase Order Number must be quoted on all advice notes, invoices, correspondence, acknowledgements, etc. 4. Goods will be received only between 08.30 and 16.00 hrs. Monday to Friday. REQUIRED DELIVERY DATE/TIME - Deliveries to be received no later than date shown - Any Costs incurred by the Trust as a consequence of late delivery will be recharged. 5. Any alternative in quantity or price must be confirmed in writing by the ordering officer, as per contract conditions. 6. It is a condition of this order that the property and risk of the goods shall lie with the supplier until the goods have been accepted at the specified delivery address, as per contract conditions. 7. Invoices not complying with the above will be returned to suppliers. PLEASE NOTE THIS IS A NEW ACCOUNT AND WILL REQUIRE SET UP BY YOURSELVES.								
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Line No.	Product Code	Description of Goods or Services	Qty	Unit of Measure	Unit Price	Line Total	Deliver by Date	Contract/Quote Reference
1	500093	<b>500093 HUMANMED INFILTRATION 4.8 X 25</b>  Note: *A.S.A.P* PRICES GIVEN TO THE END USER FROM THE SUPPLIER	1	Each	217.460	217.46	15/11/2019	
2	500125	<b>500125 HUMANMED INFILTRATION 3.8 X 30</b>  Note: *A.S.A.P* PRICES GIVEN TO THE END USER FROM THE SUPPLIER	1	Each	217.460	217.46	15/11/2019	
3	500092	<b>500092 HUMANMED INFILTRATION 3.8 X 25</b>  Note: *A.S.A.P* PRICES GIVEN TO THE END USER FROM THE SUPPLIER	1	Each	217.460	217.46	15/11/2019	

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Line No.	Product Code	Description of Goods or Services	Qty	Unit of Measure	Unit Price	Line Total	Deliver by Date	Contract/Quote Reference	
4	500028	500028 HUMANMED INFILTRATION 3.5 X 25  Note: *A.S.A.P* PRICES GIVEN TO THE END USER FROM THE SUPPLIER	1	Each	217.460	217.46	15/11/2019		
					Total GBP:	869.84			