

PURCHASE ORDER



FILE REPRINTED COPY

Order Number: EN195549

Requisition Number:

19/02/2020 Date:

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Supplier

VTAMED

BD20 7DT

15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKS

Deliver To

MEDICAL ELECTRONICS DEPARTMENT (NSECH) NORTHUMBRIA SPECIALIST EMERG CARE HOSP MEDICAL ENGINEERING DEPARTMENT NORTHUMBRIA WAY

Invoice To NORTHUMBRIA HEALTHCARE FACILITIES MGT

C/O NORTHUMBRIA HOUSE UNIT 7 & 8 SILVER FOX WAY COBALT BUSINESS PARK NEWCASTLE UPON TYNE

CRAMLINGTON

NORTHUMBERLAND

NE23 6NZ

NE27 0QJ

ST19 O2 CELLS LS Special Instructions: Brief Description Contact/Quotation Bof : TEE CTEDUENCON 0101 6072027

Contact/Quotation Ref :		n Ref :	All Enquiries to LEE STEPHENSON, 0191 6072927								
Quantity	Unit		Product I	Description		Unit Price	VC	VAT	Total Value	Expenditure Code	
5.00	EACH	VIAMED	0 02 R-17 FUEL CELL			40.00	8	40.00	200.00	559204 110000	
Conditions of Order											
1. No responsibility will be accepted for goods delivered to any point other than that specified on this order and accompanied by a Delivery Advice Note. 2. All orders will be made on this form only. The Dent will not be liable for goods or services unless ordered on this form and duly signed.						P.	Excluding VAT 200.00				

- 2. All orders will be made on this form only. The Dept will not be liable for goods or services unless ordered on this form and duly signed.
- 3. The Order Number above must be quoted on all advice notes, delivery notes, invoices, correspondence and acknowledgements
- 4. Goods will be received only between 8am and 4pm Hrs Monday to Thursday and 8am and 3pm Friday.
- 5. Any alteration in Quantity or Price must be confirmed in writing by the ordering officer.

6. All goods must be accompanied by a Delivery Advice Note.

VAT: Including VAT

240.00

40.00

Authorised Ву

CHRIS HALCROW