

PURCHASE ORDER

Supplier's Order

Order Number: SU48581 Order Date: 21-FEB-20

Supplier Code: VI0003 Reference: SH3

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Order to: VIAMED LIMITED 15 STATION ROAD **CROSS HILLS** KEIGHLEY WEST YORKSHIRE BD20 7DT

Deliver to:

STORES DEPARTMENT

NORTHAMPTON GENERAL HOSPITAL NHS TRUST CLIFTONVILLE NORTHAMPTON, NN1 5BD

Email: supplies.dept@ngh.nhs.uk

All invoices to:

PAYMENTS DEPARTMENT

NORTHAMPTON GENERAL HOSPITAL NHS TRUST

CLIFTONVILLE NORTHAMPTON

NN1 5BD

Email: nghpayments@ngh.nhs.uk

8820 781			Email: Highpayments@Hightinis.tak			
Product or Service	ату	MOU	Date Required	Contract Ref	Price	Net Value
4310002 FLOWSENSOR A (PC) AUTOCLAVABLE REPLACES 4310001 FLOWSENSOR A	1.00	BOX 5	27-FEB-20	NCVI0003-1	60.00	60.00
VIAMED CARRIAGE MINIMUM CHARGE	1.00	1	27-FEB-20	NCVI0003-1	10.00	10.00
Contact Name: Steve Haynes. Tel: 01604 544720 Fax: 01604 545717 e-mail stephen.haynes@ngh.nhs.uk						
Terms and Conditions			l		TOTAL	70.00

Terms and Conditions

Unless specified as an order placed under an existing contract, the order is subject to the NHS conditions of Contract for the Purchase of Goods and the Contract for the supply of Services (copies of which may be obtained on application) and the terms and conditions set out therein. Any queries please contact Supplies on 01604 545115 For and on behalf of Northampton General Hospital NHS Trust