

## **PURCHASE ORDER: AP10254383**

Buyer	Order Date	24-Feb-2020	Invoice To
REGISTERED HEAD OFFICE EGLINTON HOUSE AILSA HOSPITAL AYR, SOUTH AYRSHIRE KA6 6AB			GREENAN HOUSE AILSA HOSPITAL AYR, SOUTH AYRSHIRE KA6 6AB
Supplier	Order Contact		Delivery
VIAMED 15 STATION ROAD CROSS HILLS KEIGHLEY, WEST YORKSHIRE BD20 7DT Fax: 01535635582	Name: Morag Ros Phone: 01563 829 Fax: Morag.Ross@aaa	5409	MORAG ROSS A1086-CLINICAL PHYSICS UNIVERSITY HOSPITAL CROSSHOUSE KILMARNOCK, EAST AYRSHIRE KA2 0BE

**Delivery Information** 

Order Type:	Direct Ship
Carrier:	Not Selected -Not Selected
FOB - Delivery Terms:	Not Selected -Not Selected

**Payment Information** 

Customer Number:	NK
Payment Terms:	Net 30

	Line	Item No	Manufacturer No	UOM	Pack Size	Qty	Unit Price	VAT Type	Extended Amt
	LINE	Description						Est VAT	Exterided Amil
ĺ	1	0110072	R-22Vi	Pair		3	£72.00	SI	£216.00
	R22vi med matched pair					£43.20	£210.00		

Total Extended Amount: £216.00

Total Estimated VAT: £43.20

Estimated Gross Amount: £259.20

## **VAT Types**

Key	Description	Estimated VAT
SI	SI - STD IRRECOVERABLE	£43.20

## **CONDITIONS OF ORDER**

Unless specified, this order is subject to the Scottish Healthcare Supplies Conditions of Contract for the Purchase of Goods and Services. No responsibility will be accepted for goods and/or services delivered to any point other than that specified on this order. The above Order Number MUST be quoted on all advice notes, delivery notes, invoices, correspondence and acknowledgements. Any alteration in quantity or price must be confirmed in writing by the buying officer. All goods must be accompanied by a delivery note clearly showing the delivery address. Only Original Equipment Manufacturers parts are to be provided unless an alternative has been approved by the ordering department Designated Purchasing Officer.

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