Supplier

VIAMED 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE

Purchase Order Enquiries To

ENGLAND BD20 7DT

LISA GRAY

Lisa.Gray@hscni.net

Supplier Code: 105734

orders@viamed.co.uk

Deliver To / Execute Work At

MAIN STORES - ULSTER HOSPITAL MAIN STORES

ULSTER HOSPITAL

UPPER NEWTOWNARDS ROAD

DUNDONALD, BELFAST

BT16 1RH

Invoice and Payment

SHARED SERVICES PAYMENT CENTRE

SOUTH EASTERN HEALTH & SOCIAL CARE TRUST

PO Box 1043

BALLYMENA (Email: SEHSCT.POP@hscni.net)

BT42 9BS



VAT No: GD 080 (UK) VAT No: GB 888 808059 (EC)

PURCHASE ORDER

Purchase Order No: DB133467

Please quote this number in all correspondence

Purchase Order Date: 26/02/20

Our preferred method for receiving invoices is by email to the following address: SEHSCT.POP@hscni.net .

Contract Ref	Supplier Product Code	Description	Required By	Qty	UOM	Unit Price	Nett Price
		2810037 FINGER PULSE OXIMETER MD300-C21C PRICE REF: ZOE	05/03/20	20.00	EACH	20.00	400.00
		MAXIMUM CARRIAGE CHARGE FOR THIS ORDER	05/03/20	1.00	EACH	15.00	15.00

Conditions of supply

Unless specified as a Purchase Order placed under an existing Contract, orders for Goods/Services are subject to the Health and Social Care (NI) Standard Conditions of Contract for the Purchase of Goods / Supply of Services / Servicing and Repair (available from http://www.hscbusiness.hscni.net/services/2269.htm).

Nett 415.00 VAT 83.00 **Total Value** 498.00