Supplier

**ENGLAND** 

BD20 7DT

JACK ROGERS

VIAMED 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE

Purchase Order Enquiries To

Jack.Rogers@hscni.net

Supplier Code: 105734

orders@viamed.co.uk

## Deliver To / Execute Work At

C/O NEW DOWNE HOSPITAL STORES
DOWNE HOSPITAL
2 STRUELL WELLS
DOWNPATRICK
CO. DOWN
BT30 6RL

## 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: DB133936

Please quote this number in all correspondence

Purchase Order Date: 04/03/20

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
		MD300-C21C PORTABLE FINGER SATS PROBE	11/03/20	5.00	EACH	20.00	100.00
		MAXIMUM CARRIAGE CHARGE FOR THIS ORDER	11/03/20	1.00	EACH	10.00	10.00

## 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
 110.00

 VAT
 22.00

 Total Value
 132.00