

Purchase Order

Chelsea and Westminster Hospital **MIS**

West Middlesex University Hospital

ENQUIRIES TO:

Procurement Department

Email: procurement@chelwest.nhs.uk

Accounts Payable Department: Email: apinvoices@chelwest.nhs.uk

SUPPLIER

VIAMED 15 STATION ROAD CROSSHILLS KEIGHLEY W YORKS BD20 7DT

SEND INVOICE TO::

Finance Department, West Middlesex University Hospital 2nd Floor, East Wing Twickenham Road, Isleworth Middlesex, TW7 6AF

DELIVER TO / EXECUTE WORK AT

RECEIPT & DISTRIBUTION -STORES CHELSEA & WESTMINSTER HOSPITAL 369 FULHAM ROAD LONDON SW10 9NH

NHS Foundation Trust

West Middlesex University Hospital Twickenham Road Isleworth

Middlesex TW7 6AF Direct Tel: 020 8321 5326 Direct Fax: 020 8321 2588

DETAILS

CW112929 ORDER NUMBER: 18/03/20 DATE:

SUPPLIER No: VIAME SITE No: 1871 **DELIVERY DATE:** 19/03/20 REQ. No: R187558

CODE	DESCRIPTION	UNIT	No. OF UNITS	TRADE DISC	ITEM PRICE Exc. VAT	VALUE Exc. VAT	VAT
4420821	4420821 - VERSASTREAM VIAMED CO2 SAMPLING LINE WITH AIRWAY ADAPTER	Box of 25	8		160.00	1280.00	20.00
	ADULT/PAEDIATRIC SHORT-TERM						
1 This purchase ord	der is placed against the NHS standard terms and conditions.						
2. All goods to be dispatched carriage paid unless specified on the order. 3. No additions to this order are to be supplied without confirmation from the Procurement Office. 4. A delivery note quoting this official order number must accompany all goods.			2 C	> Total Net	1280.0	00	
 4. A delivery note quoting this official order number must accompany all goods. 5. Any alteration in price(s) as shown on this order must be agreed by the Procurement Office before the order is executed. 6. All goods to be delivered in accordance with the COSHH regulations. 				Total VAT	256.0	00	
7. Invoices that do not quote this official order number will be returned to the supplier. 8. Goods must be delivered between the hours of 08:00 and 15:00, Monday to Friday unless otherwise stated For and on be of the Trust			alf	Total Value	1536.0	00	