

Order Date : 27-03-2020

Order No : **TJ237414**

Must be quoted on all correspondence.

Deliver To :

RECEIPTS DEPARTMENT - BGH
 RECEIPTS DEPARTMENT - BGH
 BURNLEY GENERAL HOSPITAL
 BRIERCLIFFE ROAD
 BURNLEY
 LANCASHIRE
 BB10 2PQ

Requested delivery date: 28-03-2020

Invoice and Payment Enquiries To

EAST LANCS HOSPITALS NHS TRUST
 EAST LANCS HOSPITALS NHS TRUST
 PO BOX 17388
 BIRMINGHAM
 email: elfs.435ELH@cloud-trade.net
 B9 9NE

All enquiries regarding this order to:

Contact : Denise Swales

Telephone :

Facsimile No. :

Email Address : denise.swales@elht.nhs.uk

Supplier**Viamed Ltd****Conditions**

THIS ORDER IS SUBJECT TO STANDARD NHS TERMS AND CONDITIONS.
 IF PRICES STATED ON THIS ORDER ARE INCORRECT ANY REVISED PRICES MUST BE AUTHORISED BY THE BUYER PRIOR TO ORDER EXECUTION.
 PAYMENT WILL BE MADE AT THE PRICES STATED HEREIN.

INVOICE EMAIL ADDRESS:
 elfs.435ELH@cloud-trade.net

Line	Goods or Services Required	Quantity	UOM	Contract Ref.	Unit Price	Line Value	VAT
1	0021013 0021013 POSEY PULSE OXIMITRY SENSOR WRAP MODE L NUMBER 6554 BOX 12 0021013 POSEY PULSE OXIMITRY SENSOR WRAP MODEL NUMBER 6554 BOX 12 (CN:CR/2018-19/171 RA278001)	20.00	BX		£9.40	£188.00	£37.60
2	CARR VIAMED1 CARR VIAMED1 CARRIAGE 2-4 EA CARR VIAMED1 CARRIAGE 2-4 EA	1.00	EAC		£7.00	£7.00	£1.40

Comment: Header Notes :KA00B0 NICU WNBUBGFooter Notes :IN CASE OF QUERY PLEASE CONTACT DENISE SWALES01282 804255OR EMAIL Denise.Swales@elht.nhs.ukOUR
 STANDARD PAYMENT TERMS ARE 30 DAYS NETFROM RECEIPT OF INVOICEASSUMING SATISFACTORY CORRELATION OF ALLAPPROPRIATE DOCUMENTATIONALL PRICES
 EXCLUDE VAT WHICH IS APPLICABLE ATTHE CURRENT RATEPLEASE ENSURE YOU QUOTE THE ORDER NUMBER ONALL INVOICES

Net Total :	£195.00
Carriage :	-
Tax :	£39.00
Total :	£234.00