

# OFFICIAL PURCHASE ORDER

PURCHASE ORDER NUMBER <b>004082602</b>		Page 1 of 1	DATE 30/03/2020	CONDITIONS OF ORDER 1, All invoices must quote our Purchase Order Number and be sent to the Invoice Address shown. 2, All goods must be accompanied by a Delivery Note quoting our Purchase Order Number. 3, This Purchase Order is placed with your organisation subject to the application of our terms and conditions as referred to in the Department of Health's "Applicable Contract Terms Policy":	
DELIVERY REQUIRED BY: 13/04/2020					
SUPPLIER 00276800 VIAMED LTD 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE BD20 7DT				DELIVER TO/EXECUTE WORK AT: CLINICAL ENGINEERING NGH GROUND FLOOR, NURSES HOME NORTHERN GENERAL HOSPITAL HERRIES ROAD SHEFFIELD S5 7AU	
LINE NO	QUANTITY	DESCRIPTION	UNIT COST EXC VAT	TOTAL LINE EXC VAT	
001	5	0110023 EACH OXYGEN CELL DRAEGER TIRO	36.00	180.00	
002	5	0110040 EACH OXYGEN CELL GE AVANCE PAP - SARAH WALTON	45.90	229.50	
NOTES			TOTAL ORDER VALUE EXC VAT 409.50		
SIGNED					
For and behalf of the Trust					
INVOICE ADDRESS AND PAYMENT ENQUIRIES TO: PURCHASE LEDGER DEPT - CLOCKTOWER SHEFFIELD TEACHING HOSPITALS NORTHERN GENERAL HOSPITAL HERRIES ROAD SHEFFIELD S5 7AU. Or email			ENQUIRIES CONCERNING THIS ORDER TO: SIMON BEAL, CONFIRMATION ORDERS 01143052907		
TELEPHONE sth.finance.invoice@nhs.net					