Supplier

VIAMED 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE

ENGLAND BD20 7DT 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

Purchase Order Enquiries To

SHARON MCDOWELL

Sharon.McDowell@hscni.net

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: DB139577

Please quote this number in all correspondence

Purchase Order Date: 14/07/20

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

Contract Ref	Supplier Product Code	Description	Require By	d Q ty	UOM	Unit Price	Nett Price
		2810037 FINGER PULSE OXIMETER VM-2101	21/07/	3.00	EACH	20.00	60.00
		MAXIMUM CARRIAGE CHARGE FOR THIS ORDER	21/07/	1.00	EACH	16.22	16.22

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
 76.22

 VAT
 15.24

 Total Value
 91.46