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 | Required By | Qty | UOM | Unit Price | Nett Price |
|-----------------|--------------------------|---|----------------|------|------|------------|------------|
| | | 2810050 FINGER PULSE OXIMETER AS PER ATTACHED EMAIL | 21/07/20 | 3.00 | EACH | 22.22 | 66.66 |
| | | MAXIMUM CARRIAGE CHARGE FOR THIS ORDER | 21/07/20 | 1.00 | EACH | 16.22 | 16.22 |
| | | endment No: 1 | | | | | |
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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).

82.88 Nett VAT 16.57 **Total Value** 99.45