Western Health and Social Care Trust

PURCHASE ORDER NO.

NSA14189

Issued to :	SHANE MORRISON
Maintenance Contract	
Request ID :	0
Order Date :	11/09/2020
Page :	1 of 1

Supplier
VIAMED LTD
15 STATION ROAD CROSS HILLS.
KEIGHLEY.
WEST YORKSHIRE.
. BD207DT
Tel. 01535 634542 Fax. 01535 635582

Contact/Quotation Ref :	

Deliver To
ENGINEERING STORE ALTNAGELVIN
ALTNAGELVIN HOSPITAL
GLENSHANE ROAD
DERRY. BT47 6SB

Invoice To
FINANCE DEPARTMENT
EMAIL TO: WHSCT.NONPOP@HSCNI.NET
POST TO: COST CENTRE E0M688
ESTATES WESTERN TRUST,
PO BOX 1044,
BALLYMENA., - BT42 9BT

All Enquires to :	SHANE MORRISON - Tel : Email : shane.morrison@westerntrust.hscni.net
Special Instructions :	

Quantity	Unit	Part	Product Description	Unit Price		Total Value	Cost Codes
3	EACH		0014851 PULSE OXIMETRY WRAP SENOR				E0B644 / 301B4240
1	EACH		COURIER				E0B644 / 301B4240

Terms & Conditions

1. This order is subject to the N.I HPSS / D.F.P.N.I Standard Conditions of Contract Supplies & Services (Copies Available On Request).
2. ALL goods must be accompanied by a delivery note.
3. The above order number must be quoted on all advice notes, deleivery notes, invoices, correspondence, acknowledgements etc.
4. Any alteration in quantity or price must be confirmed in writing by the ordering officer, as per contract conditions.
5. It is a condition of this order that the property and risk of the goods shall lie with the supplier until the goods have been accepted at the specified delivery address, as per contract conditions.
6. Invoices not complying with the above will be returned to the supplier.

All Contracted Personel MUST Report to Estates Office before commencing work on site.

Excluding VAT :	
VAT :	
Including VAT :	
Authorised By :	Noel McCool