

Order Date : 14-10-2020

Order No : **TJ249730**

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: 15-10-2020

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 : Karen Disley

Telephone :

Facsimile No. :

Email Address : karen.disley@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)	30.00	BX		£9.40	£282.00	£56.40

Comment: Header Notes :KA00B0 NICU WNBW BGHFooter Notes :IN CASE OF QUERY PLEASE CONTACT KAREN DISLEYOR EMAIL: Karen.Disley@elht.nhs.ukOUR STANDARD
PAYMENT TERMS ARE 30 DAYS NETTFROM 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 : **£282.00**
Carriage : **-**
Tax : **£56.40**
Total : **£338.40**