


**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

 **South Eastern Health  
and Social Care Trust**  
 VAT No: GD 080 (UK)  
 VAT No: GB 888 808059 (EC)

**Purchase Order Enquiries To**  
 MARIE AIKEN  
 Marie.Aiken@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

**PURCHASE ORDER**  
**Purchase Order No:DB144436**  
 Please quote this number in all correspondence  
**Purchase Order Date: 20/10/20**  
 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
		FINGER PULSE OXIMETER REF: VM-2101 2810037 (MODEL MD300-C21C) PRICE ZOE	27/10/20	10.00	EACH	27.77	277.70
		MAXIMUM CARRIAGE CHARGE FOR THIS ORDER	27/10/20	1.00	EACH	18.88	18.88

<b>Conditions of supply</b> 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 <a href="http://www.hscbusiness.hscni.net/services/2269.htm">http://www.hscbusiness.hscni.net/services/2269.htm</a> ).	<b>Nett</b> <b>VAT</b> <b>Total Value</b>	<b>296.58</b> <b>59.32</b> <b>355.90</b>
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