Supplier

BD20 7DT

MARIE AIKEN

VIAMED 15 STATION ROAD **CROSS HILLS KEIGHLEY** WEST YORKSHIRE **ENGLAND**

Purchase Order Enquiries To

Marie.Aiken@hscni.net

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

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: 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 Supplier Ref Product Code	Description	Required By	Qty	UOM	Unit Price	Nett Price
	FINGER PULSE OXIMETER REF:2810049 - MD 300-C19 PRICE ZOE	27/10/20	10.00	EACH	22.22	222.20
	MAXIMUM CARRIAGE CHARGE FOR THIS ORDER	27/10/20	1.00	EACH	18.88	18.88
Conditions of supply				Nett	241.08	

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).

VAT 48.22 **Total Value** 289.30