

Service Repair Sheet SRS67640

Date Promised to Return: 01 Jan 1970 -3600

Contact Name

Hocine Benabdelhafid

Company/ Hospital Name

Homerton University Hospital

Department

Medical Electronics

Position

Technical Officer

Direct Phone

020 85107143

General Phone

Opera Account

00002950

Email

hocine.benabdelhafid@nhs.net

Order Number

334041480

Date Received

16/Nov/2020

Booked in By

Catherine Spence

Main Company

Viamed

Type Return

For Calibration

Notes 16/Nov/2020 Catherine Spence

16/Nov/2020 Catherine Spence

16/Nov/2020 Catherine Spence

V10000

S/N PR01702A12

includes batteries and blue carry case

For Calibration

Ready For quote

Repair Complete Signed

C. Spence 19.11.2020

SRN	Equipment	Stock Ref	Serial Number	Warranty
SRN33243	Foetal Simulator	1410000	PR01702A12	N

i480001 x1 @ £35

SIN, SRS, SRN

UPS x1 @ £10.

PURCHASE ORDER

Page 1 of 1

HOMERTON UNIVERSITY HOSPITAL NHS FT



Supplier:

VIAMED LTD
15 STATION ROAD
CROSS HILLS
KEIGHLEY, BD20 7DT
01535634542
GLN:210076186

Deliver to:

MEDICAL ELECTRONICS VIA GATE 7
HOMERTON UNIVERSITY HOSPITAL
HOMERTON ROW
LONDON, E9 6SR

Order Number

334041480

Date

04-NOV-20

Invoice to:

HOMERTON UNIVERSITY HOSPITAL
RDX PAYABLES F765
PHOENIX HOUSE, TOPCLIFFE LANE
WAKEFIELD, WF3 1WE
0303 123 1177
GLN:

1. The NHS Standard Terms and Conditions of Contract for the purchase of goods and supply of services apply to this order and can be found at www.dh.gov.uk or are available on request. Any alteration in price must be agreed before the order is processed. Alternative products must not be despatched carriage paid, unless specified. The full purchase order number must be quoted on all correspondence and documents.
2. THIS ORDER IS SUBJECT TO STANDARD NHS TERMS AND CONDITIONS UNLESS OTHERWISE STATED. IF PRICES STATED ON THIS ORDER ARE INCORRECT THEN REVISED PRICES MUST BE AUTHORISED.
3. Goods can only be received between 08.00 and 16.00 Monday to Thursday and up to 15.00 Friday. Any alteration in product, quantity or price must be agreed in writing before the goods/services are supplied. Palletised deliveries MUST be made on a tail lift vehicle.

Buyer SARAH CPS SHEPHERD

Telephone

Email sarah.shepherd27@nhs.net

RDX1391 MEDICAL ELECTRONICS - DIRECT DELIVERY VIA GATE 7

Quantity Required	U.O.M	Supplier Part Number:	Description	Delivery Date	Unit Price (Inc Discount)	Line Value GBP
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1	EACH	V1000	please raise PO as per quotation V 1000	10-NOV-20	45.00	45.00
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Notes to supplier:
Queries. hocine.benabdelhafid@nhs.net

can now register for e-invoicing via Tradeshift. For more information visit:
<https://www.sds.nhs.uk/supplier-einvoicing> please send your invoice quoting PO number and invoicing address as stated on this PO to our Wakefield Invoicing team PLEASE DO NOT SUPPLY EXTRA GOODS/SERVICES THAT ARE NOT LISTED ON THE PO. AS YOU RISK NOT BEING PAID FOR INVOICE QUERIES. CALL 03031231177

Total Value of Order (Exc VAT) 45.00

Instructions to Supplier: This order is subject to the standard NHS Terms and Conditions of contract. For a copy of these please contact the Buyer for this order. Any price alterations must be agreed with the buyer prior to order execution. The above order number must be quoted on all invoices, acknowledgements, delivery notes and other correspondence. A delivery note must accompany each consignment of goods. The order must not be passed to any third party for supply. Any invoices not complying with these instructions will be returned unpaid to the supplier.