## Glos Hospitals Subsidiary Co Ltd T/A GMS



## **PURCHASE ORDER No. GSS835216**

Supplier: Deliver to/Execute Work at: Invoice Address: Viamed Medical Engineering - GHX Glos Hospitals Subsidiary Co Ltd T/A GMS 15 Station Road C/O Main Reception Gloucestershire Shared Services Medical Engineering Dept PO Box 9031 Cross Hills Gloucestershire Royal Hospital Keighley Gloucester F. 01535 635582 BD20 7DT Off Horton Road Gloucestershire GL1 2YZ Gloucester GL1 3NN Remit invoices by email to: ghn-tr.glosfssap@nhs.net Acknowledgements & enquiries concerning this order to: Delivery on or before: Contract Ref: Erika Orkenyi 0300 422 2752 ghn-tr.Procurement1mailbox@nhs.net 07/01/2021 Contract Nbr:

Item Reference/ Contract	Description (inc. Quotation/Tender Ref.)	Date Required	Unit of Purchase	No. of Units Required	Unit Price excl. VAT	Total Price excl. VAT
0110017	O2 Cell (Viamed AX300-I)					
		13/01/2021	EA	4	36.00	144.00
4420598	VM-2500-S power supply v4					
		13/01/2021	EA	1	42.95	42.95
4430607	Plug adapter for VM-2500-S power su					
		13/01/2021	EA	1	7.35	7.35

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Item Reference/ Contract	Description (inc. Quotation/tender Ref.)	Date Required	Unit of Purchase	No. of Units Required	Unit Price excl. VAT	Total Price excl. VAT
Comments				AL VALUE uding VAT whe	re applicable)	194.30
			тот	AL VAT		38.86
Gloucestershire NHS Organisations: As Public Authorities we are subject to the Freedom of Information Act 2000. This means that any information you have provided <u>may</u> be publicly disclosed if requested.			тот	AL VALUE	233.16	
Unless explicitly stated in the body of this Purchase Order, the applicable Terms and Conditions for this order shall be as per the Department of Health and Social Care's "Applicable Contract Terms Policy" available at Gov.uk In accepting this order, the supplier is agreeing to adhere to the NHS Counter Fraud Authority Suppliers' Code of Practice: preventing fraud, bribery and corruption. The Trust operates a no PO, no pay policy. All Invoices must include this Purchase Order number and be sent to the invoice address stated above, any omission(s) will result in delays in payment.			ad, AUT	HORISED BY		

Purchase Order contains 2 pages