

Smiths Medical International Ltd. 1500, Eureka Park Lower Pemberton Ashford TN25 4BF United Kingdom

VENDOR:

VIAMED LTD 14 STATION ROAD CROSS HILLS KEIGHLEY . BD20 7DT United Kingdom

Name: VIAMED LTD, Tel: () 1535634542 Fax: () 01535 635582

PURCHASE ORDER					
PURCHASE ORDER NUMBER REVISION PAGE					
3011	16531	0	1 of 1		
This Purchase Order Number must appear on all					
order acknowledgements, packing lists, cartons, and correspondence.					
SHIP TO:	Smiths Medical International Ltd Bramingham Business Park Enterprise Way Luton Bedfordshire LU3 4BU United Kingdom				
BILL TO:	Smiths Medical Interna 1500, Eureka Park Lov Ashford Kent TN25 4B United Kingdom	wer Pemberton			

CUSTOMER ACCT NO. VENDOR NO.		DATE OF ORDER/BUYER	REVISED DATE/BUYER			
	14021	08-FEB-21 / Booth, A				
PAYMENT TERMS		SHIP VIA	F.O.B			
DUE 45 DAYS FROM INVOICE DATE						
FREIGHT TERMS		REQUESTOR/DELIVERY	CONFIRM TO/TELEPHONE			
		Rowland, Mr Caradoc Robert (Bob)	VIAMED LTD, () 1535634542			
Supplier Information : -						

Pos	PART NUMBER/DESCRIPTION	Rev	Delivery Date	Quantity	Unit	Unit Price	Line price	Tax
1	Courier delivery – Standard, PART NUMBER PPUPS1 (Price £10.00 each + VAT)	 	31-JAN-21	1	EA	10.00	10.00	N
2	Description : Teledyne Oxygen Analyser w/o alarms AX300-I3.5 digit display - Analogue data out PART NUMBER 0111230 (Price £310.00 each + VAT)	1 1 1 1 1 1 1 1	31-JAN-21	4	EA	310.00	1,240.00	N
3	Description : Teledyne Oxygen Sensor R-17MED PART NUMBER 0110017 ("Normal" Price £ 36.00 + VAT)		31-JAN-21	4	EA	36.00	144.00	N
4	Description : Teledyne Oxygen Sensor R-17MED PART NUMBER 0110017 ("Offer" Price £0.0 + VAT)		31-JAN-21	4	EA	0.00	0.00	N

A SIGNATURE IS NOT REQUIRED FOR ELECTRONICALLY GENERATED DOCUMENTS

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TERMS AND CONDITIONS	TOTAL	GBP	1,394.00		
- C of C and/or any other documents required, where applicable per Smiths purchasing					
specification, with any shipment with a copy emailed to your Smiths purchasing contact					
- Packing Slip, Certificate of Compliance, Shippers and Invoices MUST reference the exact					
Purchase Order number, Release number (where applicable) and Line number to eliminate					
delays in Payment.					
 Confirmation MUST be sent within the next 48 business. Is supplier responsibility to review 					
price, quantity and dates.					
- Purchase Order Revision levels referenced in this Purchase Order or specified by your Smiths					
purchasing contact must be used.					
- If standard catalogue items not covered by a Smiths Medical specification are supplied, the					
supplier's current revision is acceptable.					
Any Invoice MUST be sent only through e-mail to: AP.Inquiry@Smiths-Medical.com		AUTHORIZED	SIGNATURE		

This contractor and subcontractor shall abide by the requirements of 41 CFR 60-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, sexual orientation, gender identity or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability or veteran status.

Acceptance or fulfillment of this purchase order constitutes acceptance of both the terms and conditions set forth herein and also Smiths Medical's terms and conditions of purchase which are located at www.smiths-medical.com/suppliers. Smiths Medical will not accept any changes or other terms regardless of the time or manner in which they are communicated unless expressly accepted by Smiths Medical in writing.