

## **PURCHASE ORDER**



## FILE REPRINTED COPY

Order Number: EN2026004

Requisition Number:

07/03/2021 Date:

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Supplier

VIAMED

15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKS

Deliver To

NORTH TYNESIDE GENERAL HOSPITAL

ESTATES DEPT STORES RAKE LANE, NORTH SHIELDS TYNE & WEAR.

Invoice To

NORTHUMBRIA HEALTHCARE FACILITIES MGT

C/O NORTHUMBRIA HOUSE UNIT 7 & 8 SILVER FOX WAY COBALT BUSINESS PARK NEWCASTLE UPON TYNE

19.00

114.00

BD20 7DT

NE29 8NH

NE27 0QJ

CZ20 Special Instructions: **Brief Description** FUEL CELL DB

Contact/Quotation Ref :		All Enquiries to DAVE BELL DAVID						BELL2@NHCT.NHS.UK			
Quantity	Unit			Product Desc	cription		Unit Price	VC	VAT	Total Value	Expenditure Code
1.00		R-17 F	UEL CELL				95.00	8	19.00	95.00	552052 738200
nditions of	Ordor										
o responsib	ility will be ac				on this order and accompanied		te.	Exclu	iding VAT	95.00	

VAT:

Including VAT

- 2. All orders will be made on this form only. The Dept will not be liable for goods or services unless ordered on this form and duly signed.
- 3. The Order Number above must be quoted on all advice notes, delivery notes, invoices, correspondence and acknowledgements.
- 4. Goods will be received only between 8am and 4pm Hrs Monday to Thursday and 8am and 3pm Friday. 5. Any alteration in Quantity or Price must be confirmed in writing by the ordering officer.

6. All goods must be accompanied by a Delivery Advice Note.

Authorised Ву

**CHRIS HALCROW**