



PURCHASE ORDER

**Supplier:**  
VIAMED LTD  
15 STATION ROAD  
CROSS HILLS  
KEIGHLEY, WEST YORKSHIRE BD20 7DT  
  
01535634542  
GLN:

**Buyer** JADE RWP FRIPP

**Telephone**

**Email** jade.fripp@nhs.net

RWP 181851 TECHNICAL SERV- NO SPEC

**Deliver to:**  
ALEXANDRA HOSPITAL  
RECEIPTS AND DISTRIBUTION  
WOODROW DRIVE  
REDDITCH, B98 7UB

**Invoice to:**  
WORCESTERSHIRE ACUTE HOSPITAL  
RWP PAYABLES 6485  
PHOENIX HOUSE TOPCLIFFE LANE  
WAKEFIELD, WF3 1WE  
  
0303 123 1177  
GLN:

Order Number	305420264
Date	25-MAR-21

PLEASE CHECK THIS P.O. IF ANY OF THE DETAILS CONCERNING THE ITEMS LISTED ARE BELIEVED TO BE INCORRECT, I.E. SUPPLIER CODE, ITEM DESCRIPTION, PRICE OR DELIVERY CHARGE,

PLEASE EMAIL FULL DETAILS OF THE AMENDMENTS TO: WAH-TR.PURCHASING@NHS.NET OR ALTERNATIVELY FAX AN AMENDED COPY OF THE P.O. TO 01527 502822 AND,

IF REQUIRED, THE ORDER WILL BE RESUBMITTED TO YOU.

Quantity Required	U.O.M	Supplier Part Number:	Description	Delivery Date	Unit Price (Inc Discount)	Line Value GBP
3 EACH		0330407	Plastic Front Cover for Maxventuri High Flow System	07-APR-21	9.50	28.50
3 EACH		0330408	Front Overlay for Maxventuri High Flow System	07-APR-21	12.25	36.75
12 EACH		0330409	PCB Switch Bumpers	07-APR-21	1.35	16.20
1 EACH			Delivery Cost	07-APR-21	10.00	10.00

Total Value of Order (Exc VAT) 91.45

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.