

Order Date : 13-04-2021

Order No : **249203372**

Must be quoted on all correspondence.

Deliver To :

RECEIPT AND DESPATCH
RECEIPT AND DESPATCH
ST HELIER HOSPITAL
WRYTHE LANE
CARSHALTON
SM5 1AA
GB
Requested delivery date: 16-04-2021
Location ID: RVR0346 SCBU

Invoice and Payment Enquiries To

EPSOM & ST HELIER UNIVERSITY HOSPITAL
EPSOM & ST HELIER UNIVERSITY HOSPITAL
RVR PAYABLES 7545
PHOENIX HOUSE, TOPCLIFFE LANE
WAKEFIELD
WF3 1WE
GB
Tel: 0303 123 1177

All enquiries regarding this order to:

Contact : RVR JOHNS, MAX
Telephone :
Facsimile No. :
Email Address : max.johns@nhs.net

Supplier

Viamed Ltd

Customer's Supplier Name:
VIAMED LTD

Conditions

THIS ORDER IS SUBJECT TO STANDARD NHS TERMS AND CONDITIONS. IF PRICES STATED ON THIS ORDER ARE INCORRECT ANY REVISED PRICES MUST BE AUTHORISED BY THE BUYER PRIOR TO ORDER EXECUTION. PAYMENT WILL BE MADE AT THE PRICES STATED HEREIN. DO NOT ASSIGN THIS ORDER SPECIAL INSTRUCTIONS.

Line	Goods or Services Required	Quantity	UOM	Contract Ref.	Unit Price	Line Value	VAT
1	Sa02 Monitoring Posey Wrap Ref:21013	12	BOX 10		£9.95	£119.40	-

Net Total : **£119.40**
Carriage : -
Tax : -
Total : **£119.40**