

**PURCHASE ORDER NO: 9016098**

**ORDER DATE:** 01/06/2021 10:47:19



**Invoices without a valid purchase order number will be returned**

**Page 1 of 1**

|                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SUPPLIER</b><br>Viamed Ltd<br>15 Station Road<br>Cross Hills<br>Keighley<br>West Yorkshire<br>BD20 7DT                                                                                                                                                                                       | <b>Terms and Conditions of Purchase:</b><br><br>1. All goods must be delivered with a delivery note quoting the purchase order number.<br>2. We reserve the right to return invoices that do not quote the purchase order number, which may significantly delay payment.<br>3. This purchase order is in accordance with terms and conditions of purchase of the Department of Health. A copy of which is available at:<br><a href="https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services">https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services</a><br>and any supplementary terms and conditions as per the stated contract reference . |
| <b>DELIVER TO / EXECUTE WORK AT:</b><br>Receipts & Distribution<br>Barnsley General Hospital<br>Gawber Road<br>Barnsley<br>South Yorkshire<br>S75 2EP<br><br><b>* OPENING TIMES:</b> 8:30-12:00 & 12:30-16:30 Mon - Thur<br>8:30-12:00 & 12:30-16:00 Friday<br>Not Open Sat/Sun & Bank Holidays | <b>INVOICE ADDRESS AND PAYMENT ENQUIRIES TO:</b><br><b>Tel:</b> 01226 433930<br>The Finance Department<br>Barnsley Facilities Services Ltd<br>Block 2<br>Gawber Road<br>Barnsley<br>South Yorkshire<br>S75 2EP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

**ORDER ENQUIRIES TO:** Louise Chesney

**TEL NO:**

**E-MAIL:** bfs.procurement@nhs.net

**WARD / DEPARTMENT:** XT1148 (BFS Ward 15 - Neo Natal Unit)

**ORIGINAL REQ NO:**

| Line No | Product Code | Description                                  | Qty | Pack Size   | Unit Net £ Price ex VAT | Total Line £ Price ex VAT |
|---------|--------------|----------------------------------------------|-----|-------------|-------------------------|---------------------------|
| 1       | BFS00816     | 0021013 Posey Wrap 6554 12Pk<br>Stk Ref:6554 | 2   | Pack 1      | 12.90                   | 25.80                     |
| 2       | CC001        | Carriage charge                              | 1   | Pack Qty: 1 | 6.00                    | 6.00                      |

|                                                                                      |
|--------------------------------------------------------------------------------------|
| <b>Authorising Officer for and on behalf of the Authority</b><br>Head of Procurement |
|--------------------------------------------------------------------------------------|

|                          |       |
|--------------------------|-------|
| <b>Total</b>             | 31.80 |
| <b>VAT</b>               | 6.36  |
| <b>Total Order Value</b> | 38.16 |