

**PURCHASE ORDER: RWA163933**  
Please quote order number on all correspondence

# Hull University Teaching Hospitals

NHS Trust

**SUPPLIER:**

VIAMED LTD  
15 STATION ROAD  
CROSS HILLS  
BD20 7DT

**INVOICE TO:**

HULL UNIVERSITY TEACHING HOSPITALS  
PO Box 17390 (INVOICES ONLY)  
Birmingham  
elfs.356hey@cloud-trade.net  
B9 9NG

**DELIVER TO:**

VAT Regn No : GB 654 9722 04

GOODS INWARD  
HULL ROYAL INFIRMARY  
FOUNTAIN STREET  
ANLABY ROAD  
HULL  
HU3 2JZ

Enquiries via email or Tel : 01482 608783

Email : cs.supplies@hey.nhs.uk

Vendor Number: 1975  
Date: 16/06/21  
Requisition Number: R111629

| LINE NO  | ITEM REF | DESCRIPTION  | DELIVERY | QUANTITY | UNIT OF ISSUE | UNIT PRICE         | LINE VALUE |
|--|----------|--|----------|----------|---------------|--------------------|------------|
| 1  | 0021013  | 0021013 WRAP PULSE OXIMETRY SENSOR 6554 POSEY<br>BOX OF 12 | 23/06/21 | 11.00    | BOX           | 9.40               | 103.40     |
| <b>CONDITIONS OF ORDER</b><br><small>1. This order is placed subject to the relevant NHS Terms and Conditions as detailed below -<br/>a) Where a valid agreement exists for the items listed above the following NHS Terms and Conditions shall prevail (as applicable):<br/>- NHS Terms and Conditions for the Supply of Goods (Contract Version) Or NHS Terms and Conditions for the Provision of Services (Contract Version).<br/>b) Where no valid agreement exists for the items listed above the following NHS Terms and Conditions shall prevail (as applicable):<br/>- NHS Terms and Conditions for the Supply of Goods (Purchase Order Version) Or NHS Terms and Conditions for the Provision of Services (Purchase Order Version).<br/>2. All goods must be accompanied by a delivery note quoting the above Purchase Order Number (RWA163933). Goods will only be accepted between 08:00 and 15:00 Monday to Friday.<br/>3. The above order number must be quoted on all advice notes, delivery notes, correspondence, invoices, acknowledgements etc.<br/>4. Any price variances to that shown above, must be notified immediately otherwise delays can occur in the settlement of your invoice.<br/>5. Invoices must be sent to the address above/below and must quote the above Purchase Order Number. Invoices not complying with this instruction will be returned to the supplier.<br/>6. Please submit your invoice via <b>PEPPOL</b>.</small> |          |  |          |          |               | <b>VAT Excl:</b>   | 103.40     |
|  |          |  |          |          |               | <b>Total VAT</b>   | 20.68      |
|  |          |  |          |          |               | <b>Order Total</b> | 124.08     |