

Order

Viamed Ltd
15 Station Road
Crosshills
Keithley
West Yorks BD20 7DT
Great Britain



Page 1
Chrystal Medical
500 Styal Road
Manchester, M22 5HQ
Gtr Manchester

Phone No. 0161 493 9770
E-Mail orders@chrystalconsulting.co.uk

Order No. **121145**
Document Date 7. July 2021
Payment Terms 30 Days

Vendor Item No.	Description	Quantity	Direct Unit Cost	VAT Identifier	Amount
4420869	VersaStream Oral/Nasal Sampling Line	2	100.00	FULL VAT	200.00
Total GBP Excl. VAT					200.00
20% VAT					40.00
Total GBP Incl. VAT					240.00

VAT Amount Specification

VAT Identifier	VAT %	Line Amount	Invoice Discount Base Amount	Invoice Discount Amount	VAT Base	VAT Amount
FULL VAT20	20	200,00	200,00	0,00	200,00	40,00
Total		200.00	200.00	0.00	200.00	40.00

Ship-to Address

Please reference the following on all deliveries:

West Suffolk NHS Foundation Trust
West Suffolk Main Stores
Main Stores
West Suffolk Hospital
Bury St Edmunds
Suffolk IP33 2QZ
Great Britain

549954

Conditions of Order

- 1) All invoices must quote the Order Number and be rendered as directed, failure to quote the Order Number will delay payment.
- 2) All goods must be accompanied by a delivery note quoting the Order Number.
- 3) All deliveries should be made directly to the Delivery Address as indicated, unless otherwise agreed in writing.
- 4) Any discrepancies to this Order (e.g. price differential, omitted carriage charges) must be alerted to orders@chrystalconsulting.co.uk within 48 hours of receipt of the Order. Delivery against this Order constitutes acceptance of the terms including order value. If your subsequent invoice does not match this Order, the invoice will be returned unpaid.
- 5) Please send all invoices and statements to finance@chrystalconsulting.co.uk.