

# OFFICIAL PURCHASE ORDER

**Order Number: 000050709**

(to be quoted in all correspondence)

**Order Date: 12-07-2021**

**Delivery within 7 days unless stated:**



**Supplier:**

Viamed  
15 Station Rd  
Crosshills  
Keighley  
West Yorks  
BD20 7DT

**Deliver To :**

Receipts & Distribution  
Leighton Hospital  
Middlewich Road  
Crewe  
Cheshire  
CW1 4QJ

**Invoice To:**

Mid Cheshire Hospitals NHS Foundation Trust  
Financial Services Department  
Leighton Hospital  
Middlewich Road  
Crewe, Cheshire  
CW1 4QJ

**Contact in case of query:** WEB Buyer

**Notes to Supplier:**

**Telephone Number :**

**Email:** Email: [supplies@mcht.nhs.uk](mailto:supplies@mcht.nhs.uk)

Line No	Quantity	Unit of Issue	Supplier Reference	Description	Unit Price	Disc %	Total Excl VAT	VAT	Total Value (£)
001	2.00		VIA-0021013	0021013 Posey Pulse Oximetry Sensor Wrap Model 6554 LATEX FREE	10.40	0	20.80	4.16	24.96
<b>Grand Total</b>							<b>20.80</b>	<b>4.16</b>	<b>£24.96</b>

1. Goods will only be received between 08:00 and 16:30 Mon-Thurs, 16:00 Fri.
2. Unless specified goods and services must be provided carriage paid.
3. No variation to this order without written authority. Any alteration in quantity or price must be agreed in writing by the ordering officer before any goods/services are supplied.
4. This order is issued in accordance with 30 days payment terms following the receipt of goods and or services received and the appropriate NHS Terms of Contract and Mid Cheshire Hospitals NHS Foundation Trust Safety Rules for Contractors, copies of which can be obtained from either the Supplies Department at the above address or by clicking <http://www.mchft.nhs.uk/supptermconditions>