

Purchase Order

Reprinted on: 13/09/21

Chelsea and Westminster Hospital **MHS**

West Middlesex University Hospital

ENQUIRIES TO:

Procurement Department

Email: chelwest.procurement@nhs.net

Accounts Payable Department:

Email: chelwest.apinvoices.wmuh@nhs.net

SUPPLIER

VIAMED 15 STATION ROAD CROSSHILLS KEIGHLEY W YORKS BD20 7DT

SEND INVOICE TO::

Chelsea and Westminster Hospital NHS Foundation Trust West Middlesex University Hospital Site Finance Department, 2nd Floor East Wing Twickenham Road, Isleworth, TW7 6AF

DELIVER TO / EXECUTE WORK AT

R & D (WM)
WEST MIDDLESEX UNIVERSITY HOSPITAL
TWICKENHAM ROAD
ISLEWORTH
MIDDLESEX
TW7 6AF

NHS Foundation Trust

West Middlesex University Hospital Twickenham Road Isleworth

Middlesex TW7 6AF Direct Tel: 020 8321 5326 Direct Fax: 020 8321 2588

DETAILS

ORDER NUMBER: CW144772

DATE: 18/08/21
SUPPLIER No: VIAME
SITE No: 1871
DELIVERY DATE: 19/08/21
REQ. No: R219711

CODE	DESCRIPTION	UNIT		No. OF UNITS	TRADE DISC	ITEM PRICE Exc. VAT	VALUE Exc. VAT	VAT
0021013	0021013 - POSEY WRAPS	Box of 12	2	10.0		12.90	129.00	20.00
This purchase order is placed against the NHS standard terms and conditions. All goods to be dispatched carriage paid unless specified on the order.		00		- P	S Total Net	100	00	
 No additions to this order are to be supplied without confirmation from the Procurement Office. A delivery note quoting this official order number must accompany all goods. Any alteration in price(s) as shown on this order must be agreed by the Procurement Office before the order is executed. 		IIII DE		Total VAT	129. 25.			
6. All goods to be delivered in accordance with the COSHH regulations. 7. Invoices that do not quote this official order number will be returned to the supplier. For and on behalf			alf	Total Value	154.			
8. Goods must be delivered between the hours of 08:00 and 15:00, Monday to Friday unless otherwise stated			of th	of the Trust				