

## PURCHASE ORDER

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## ST. HELENS&amp;KNOWSLEY HOSPITALS NHS TRUST



**Supplier:**  
VIAMED LTD  
15 STATION ROAD  
CROSS HILLS  
  
KEIGHLEY, WEST YORKSHIRE BD20 7DT  
  
01535634542  
GLN:

**Buyer** JANE RBN HUNT  
**Telephone**  
**Email** jane.hunt@sthk.nhs.uk

RBN0079 EBME LAB WHISTON

**Deliver to:**  
RECEIPT & DISTRIBUTION CENTRE  
WHISTON HOSPITAL  
STONE Y LANE ENTRANCE  
PRESCOT, Merseyside L35 5DR

**Invoice to:**  
ST. HELENS&KNOWSLEY HOSPITALS  
RBN PAYABLES B225  
PHOENIX HOUSE, TOPCLIFFE LANE  
WAKEFIELD, WF3 1WE

0303 123 1177  
GLN:

<b>Order Number</b>	135386882
<b>Date</b>	05-NOV-21

Standard Trust Payment Terms: Net Monthly

Goods will be received only between 08:30 and 16:00 hours Monday to Thursday and 08:30 and 15:00 hours on Fridays.

This order is subject to NHS Terms and conditions of contract.

For a copy of the relevant version please see this link:

<https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services>

If you are not sure which version applies please contact the buyer

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<https://www.sbs.nhs.uk/supplier-einvoicing>

Quantity Required	U.O.M	Supplier Part Number:	Description	Delivery Date	Unit Price (Inc Discount)	Line Value GBP
7 EACH		0110429	MAX-250E OXYGEN FUEL CELL P/N 0110429 Confirmed By Sophie Lines	18-NOV-21	59.40	415.80

Total Value of Order (Exc VAT)

415.80

Instructions to Supplier: This order is subject to the standard NHS Terms and Conditions of contract. For a copy of these please contact the Buyer for this order. Any price alterations must be agreed with the buyer prior to order execution. The above order number must be quoted on all invoices, acknowledgements, delivery notes and other correspondence. A delivery note must accompany each consignment of goods. The order must not be passed to any third party for supply. Any invoices not complying with these instructions will be returned unpaid to the supplier.