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|-----------------------|-------------------------|
| Purchase Order Number | PO-100016439-0          |
| PO Type               | Inventory Replenishment |
| Purchase Order Date   | 19/11/2021              |
| Currency              | GBP                     |
| Payment Terms         | 30 days                 |
| Page                  | 1 of 1                  |

| Supplier Address                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| human med UK Limited<br>17 Station Road<br>Cross Hills<br>Keighley<br>North Yorkshire<br>BD20 7DT<br>United Kingdom<br><br>Supplier Number: SUP-45259 |

| Delivery Address                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Leicester Hospital Theatre 1<br>Main Stores Dept Nuffield Health Leicester Hospital<br>Scraptoft Lane<br>Leicester<br>Leicestershire<br>LE5 1HY<br>United Kingdom<br><br>Phone Number: +44 (116) 2769401 |

| Invoice Address                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The Account Department<br>Shared Services Centre<br>PO Box 884<br>Foxhall Road<br>Ipswich<br>Suffolk<br>IP1 9NN<br>United Kingdom<br>Phone Number: +44 (1473) 279131<br>Email: APInvoices@nuffieldhealth.com |

Please supply the following goods or services, in accordance with the contract expressly agreed between us (if any) or, otherwise, in accordance with the Nuffield Health conditions of contract (copy attached)

| Line No. | Item Name/Description      | Supplier Product Code | Qty  | UOM | VAT Code | Unit Price | Line Amount Exc VAT | Requested Delivery Date |
|----------|----------------------------|-----------------------|------|-----|----------|------------|---------------------|-------------------------|
| 1        | Bodyjet Suction 3000ml Bag | 57187                 | 1.00 | BX  | S        | 3.94       | 3.94                | 24/11/2021              |

| Comments |
|----------|
|          |

|                    |      |
|--------------------|------|
| Total Lines Amount | 3.94 |
| Total Tax Amount   | 0.79 |
| Total PO Amount    | 4.73 |