

## PURCHASE ORDER

Page 1 of 1

LEWISHAM AND GREENWICH NHS TRUST



**Supplier:**  
VIAMED LTD  
15 STATION ROAD  
CROSS HILLS  
  
KEIGHLEY, WEST YORKSHIRE BD20 7DT  
  
01535634542  
GLN:210076186

**Buyer** CHRIS RJ2 GRAHAM  
**Telephone**  
**Email** chris.graham6@nhs.net

RJ22310 ADULT A&E GROUND FLR E BLOCK

**Deliver to:**  
MAIN STORES GOODS INWARDS  
UNIVERSITY HOSPITAL LEWISHAM  
HIGH STREET  
LEWISHAM, SE13 6LH

**Invoice to:**  
LEWISHAM AND GREENWICH NHS TR  
RJ2 PAYABLES 4715  
PHOENIX HOUSE, TOPCLIFFE LANE  
WAKEFIELD, WF3 1WE

0303 123 1177  
GLN:

<b>Order Number</b>	99349546
<b>Date</b>	19-JAN-22

## NOTE

1. This purchase order is placed against the standard NHS Conditions of Contract.
2. Any alteration in price must be agreed before the order is executed.
3. The full Official Purchase Order No. must be quoted on all correspondence and documents.
4. All goods to be despatched carriage paid unless specified on the order.
5. Alternative products must not be despatched unless agreed in writing beforehand.

Quantity Required	U.O.M	Supplier Part Number:	Description	Delivery Date	Unit Price (Inc Discount)	Line Value GBP
1 BOX		4420804	VERASTREAM VIAMED CO2/O2 SAMPLING LINE - NASAL - ADULT - SHORT-TERM BOX GTIN :5051826017579	24-JAN-22	88.00	88.00

Total Value of Order (Exc VAT) 88.00

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.