

# COPY PURCHASE ORDER

Supplier's Order

Order Number : IMPO048559  
 Order Date : 31-MAR-22  
 Supplier Code : VI0003  
 Reference : IMPO048559  
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Order to:  
 VIAMED LIMITED  
 15 STATION ROAD  
 CROSS HILLS  
 KEIGHLEY  
 WEST YORKSHIRE  
 BD20 7DT

Deliver to:  
**STORES DEPARTMENT**  
 NORTHAMPTON GENERAL HOSPITAL NHS TRUST  
 CLIFTONVILLE  
 NORTHAMPTON, NN1 5BD  
 Email: ngh-tr.supplies.dept@nhs.net

All invoices to:  
**PAYMENTS DEPARTMENT**  
 NORTHAMPTON GENERAL HOSPITAL NHS TRUST  
 CLIFTONVILLE  
 NORTHAMPTON  
 NN1 5BD  
 Email: ngh-tr.payments@nhs.net

Product or Service	QTY	UOM	Date Required	Contract Ref	Price	Net Value
**REVISED ORDER - QUANTITY INCREASED**						
0021013 SENSOR WRAP FOR USE WITH MULTI-SITE 'Y' SENSORS REF 6554 **ORDER 11 + BOXES FOR SYSTEM PRICE** Product: 0021013 Contract: . ORDER INCREASED TO PICK UP THE PRICE BREAK	11.00	BOX 12	31-MAR-22		9.65	106.15
VIAMED CARRIAGE MINIMUM CHARGE	1.00	1	31-MAR-22		6.00	6.00
					<b>TOTAL</b>	<b>112.15</b>

## Terms and Conditions

Unless specified as an order placed under an existing contract, the order is subject to the NHS conditions of Contract for the Purchase of Goods and the Contract for the supply of Services (copies of which may be obtained on application) and the terms and conditions set out therein.

Any queries please contact Supplies on 01604 545115

For and on behalf of Northampton General Hospital NHS Trust