

Purchase Order

VIAMED LTD Supplier Id: 15 STATION ROAD **Order Date: CROSS HILL**

KEIGHLEY

WEST YORKSHIRE

BD20 7DT

Delivery To:

Supplies & Distribution Department Royal United Hospitals Bath NHS FT Combe Park Bath

BA1 3NG

Buyer: Steve Kelly [steve.kelly5@nhs.net]

658929 05/04/2022 **Delivery Date:** 01/04/2022

Your Reference:

Order Number:

Payment Terms: Standard 30 Days

Invoice To: Accounts Payable Building E8 Combe Park

Bath BA1 3NG

Invoice Email: ruh-tr.accountspayable@nhs.net

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Article	Description	Qty	Unit	Unit Price	Amount in GBP
1FJK019	FINGER PULSE OXIMETER REF;2810011	1	EACH	25.50	25.50

For Terms and Conditions see: **Total Net** 25.50 **Total VAT** NHS Terms & Conditions 5.10 Royal United Hospital Tender & Quotation Documentation Total in GBP 30.60