PURCHASE ORDER: GNPO018199 Please quote order number on all correspondence

Hull University Teaching Hospitals WES NHS Trust

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VIAMED LTD 15 STATION ROAD **CROSS HILLS** BD20 7DT

INVOICE TO:

HULL UNIVERSITY TEACHING HOSPITALS PO Box 17390 (INVOICES ONLY) Birmingham elfs.356hey@cloud-trade.net **B9 9NG**

> 1975 27/04/22

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VAT Regn No : GB 654 9722 04

HUTH GOODS INWARD CARDIAC & SURGICAL BUILDING ENTRANCE 1 CASTLE HILL HOSPITAL CASTLE ROAD COTTINGHAM HU16 5JQ

Enquiries via email or Tel: 01482 608783

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Vendor Number: Date:

Requisition Number:

LINE NO	ITEM REF	DESCRIPTION	DELIVERY	QUANTITY	UNIT OF ISSUE	UNIT PRICE	LINE VALUE
	2520000	2520000 PRESS STUD LEAD 5 MICROSTIM DB3 EACH	27/04/22	3.00	EACH	16.00	48.00
	DITIONS OF ORDER	Town and Confidence and ability below				VAT Excl:	48.0
1. This order is placed subject to the relevant NHS Terms and Conditions as detailed below - a) Where a valid agreement exists for the items listed above the following NHS Terms and Conditions shall prevail (as applicable): - NHS Terms and Conditions for the Supply of Goods (Contract Version) or NHS Terms and Conditions for the Supply of Goods (Contract Version) or NHS Terms and Conditions for the Supply of Goods (Contract Version) or NHS Terms and Conditions for the Provision of Services (Contract Version). b) Where no valid agreement exists for the items listed above the following NHS Terms and Conditions shall prevail (as applicable):						Total VAT	9.6
- MHS Terms and Conditions for the Supply of Goods (Purchase Order Version) Or MHS Terms and Conditions for the Provision of Services (Purchase Order Version). 2. All goods must be accompanied by a delivery note quoting the above Purchase Order Number (GNPO018199). Goods will only be accepted between 08:00 and 15:00 Monday to Friday. 3. The above order number must be quoted on all advice notes, delivery notes, correspondence, invoices, acknowledgements etc. 4. Any price variances to that shown above, must be notified immediately otherwise delays can occur in the element of your Invoice.						Order Total	57.6
5. Invoid 6. Pleas	ces must be sent to the address above/below se submit your invoice via PEPPOL.	w and must quote the above Purchase Order Number. Invoices not complying with this instruction will be returned to the supplier.					D 1 -f 1