

# COPY PURCHASE ORDER

Supplier's Order

Order Number : IMPO050813  
Order Date : 01-JUN-22  
Supplier Code : VI0003  
Reference : IMPO050813  
Page : 1

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
PLEASE DO NOT DUPLICATE PO.						
0021013 SENSOR WRAP FOR USE WITH MULTI-SITE 'Y' SENSORS REF 6554 **ORDER 11 + BOXES FOR SYSTEM PRICE** Product: 0021013 Contract: .	11.00	BOX 12	01-JUN-22		9.65	106.15
VIAMED CARRIAGE MINIMUM CHARGE	1.00	1	01-JUN-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