PURCHASE ORDER: RJL6508 Please quote order number on all correspondence



SUPPLIER:

VIAMED LTD 15 STATION ROAD CROSS HILLS BD20 7DT INVOICE TO:

NORTHERN LINCOLNSHIRE AND GOOLE NHS TRUST Unit 8 Network Park Duddeston Mill Rd, Birmingham elfs.208NLAG@cloud-trade.com B8 1AU

1975

DELIVER TO:

VAT Regn No : GB 654 9775 80

SGH RECEIPT AND DISTRIBUTION C

Scunthorpe General Hospital

Cliff Gardens

Scunthorpe

DN15 7BH

Enquiries via email

Email: nlg-tr.Purchasing@nhs.net

Vendor Number: Date:

Date: 08/06/22 Requisition Number: R139114

LINE NO	ITEM REF	DESCRIPTION	DELIVERY	QUANTITY	UNIT OF ISSUE	UNIT PRICE	LINE VALUE
1		0110017 - R17MED O2 CELL	09/06/22	1.00	EACH	36.00	36.00
2		2520000 - MICROSTIM LEAD SET PRESS STUD LEADS	09/06/22	10.00	EACH	16.00	160.00
3		0110072 - R22Vi O2 CELLS (2 pack)	09/06/22	5.00	PACK	72.00	360.00
	TIONS OF ORDER er is placed subject to the relevant NHS Te	The and Conditions as detailed below.				VAT Excl:	556.00
a) Where a valid agreement exists for the items listed above the following MHS 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 Provision of Services (Contract Version). b) Where no valid agreement exists for the items listed above the following 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	111.20
- NHS Terms and Conditions for the Supply of Goods (Purchase Order Version) or NHS 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 (RAL6508) accepted between 08:00 and 16:00 Monday to Friday. 3. The above order number must be quoted on all advice notes, delivery notes, correspondence, invoices, acknowledgments etc.						Order Total	667.20
 Any price variances to that shown above, must be notified immediately otherwise delays can occur in the settlement of your Invoice. Invoices must be sent to the address above/below and must quote the above Purchase Order Number. Invoices not complying with this instruction will be returned to the supplier. Please submit your invoice via PEPPOL. 						27401 10441	