

## **Purchase Order**

# Chelsea and Westminster Hospital **MIS**

West Middlesex University Hospital

#### **ENQUIRIES TO:**

Procurement Department

Email: chelwest.procurement@nhs.net

Accounts Payable Department:

Email: chelwest.apinvoices.wmuh@nhs.net

#### **SUPPLIER**

VIAMED 15 STATION ROAD CROSSHILLS KEIGHLEY W YORKS BD20 7DT

#### **SEND INVOICE TO:**

Chelsea and Westminster Hospital NHS Foundation Trust West Middlesex University Hospital Site Finance Department, 2nd Floor East Wing Twickenham Road, Isleworth, TW7 6AF

#### **DELIVER TO / EXECUTE WORK AT**

R & D (WM)
WEST MIDDLESEX UNIVERSITY HOSPITAL
TWICKENHAM ROAD
ISLEWORTH
MIDDLESEX
TW7 6AF

### **NHS Foundation Trust**

West Middlesex University Hospital Twickenham Road Isleworth

Middlesex TW7 6AF Direct Tel: 020 8321 5326 Direct Fax: 020 8321 2588

**DETAILS** 

ORDER NUMBER: **CW166503**DATE: 06/07/22

 DATE:
 06/07/22

 SUPPLIER No:
 VIAME

 SITE No:
 1871

 DELIVERY DATE:
 07/07/22

 REQ. No:
 R241556

CODE	DESCRIPTION	UNIT		No. OF UNITS	TRADE DISC	ITEM PRICE Exc. VAT	VALUE Exc. VAT	VAT
0021013	0021013 - POSEY WRAPS	Box of 12		8.0		13.25	106.00	20.00
This purchase order is	placed against the NHS standard terms and conditions.							
<ol> <li>All goods to be dispatched carriage paid unless specified on the order.</li> <li>No additions to this order are to be supplied without confirmation from the Procurement Office.</li> </ol>			28c	> Total Net	106.00			
<ul> <li>4. A delivery note quoting this official order number must accompany all goods.</li> <li>5. Any alteration in price(s) as shown on this order must be agreed by the Procurement Office before the order is executed.</li> <li>6. All goods to be delivered in accordance with the COSHH regulations.</li> <li>7. Invoices that do not quote this official order number will be returned to the supplier.</li> <li>8. Goods must be delivered between the hours of 08:00 and 15:00, Monday to Friday unless otherwise stated</li> </ul>			Total VAT	21.:	20			
				alf	Total Value	127.	20	