

Order Date : 12-07-2022

Order No : **249227882**

Must be quoted on all correspondence.

**Deliver To :**

**RECEIPT AND DESPATCH**

**ST HELIER HOSPITAL**

**WRYTHE LANE**

**CARSHALTON**

**SM5 1AA**

**GB**

Requested delivery date: 13-07-2022

Location ID: RVR0346 SCBU

**Invoice and Payment Enquiries To**

EPSOM & ST HELIER UNIVERSITY HOSPITAL

RVR PAYABLES 7545

PHOENIX HOUSE, TOPCLIFFE LANE

WAKEFIELD

WF3 1WE

GB

Tel: 0303 123 1177

All enquiries regarding this order to:

Contact : RVR LAWSON, LEE

Telephone :

Facsimile No. :

Email Address : Lee.Lawson@stgeorges.nhs.uk

**Supplier**

**Viamed Ltd**

Customer's Supplier Name:

VIAMED LTD

**Conditions**

THIS ORDER IS SUBJECT TO STANDARD NHS TERMS AND CONDITIONS. IF PRICES STATED ON THIS ORDER ARE INCORRECT ANY REVISED PRICES MUST BE AUTHORISED BY THE BUYER PRIOR TO ORDER EXECUTION. PAYMENT WILL BE MADE AT THE PRICES STATED HEREIN. DO NOT ASSIGN THIS ORDER SPECIAL INSTRUCTIONS.

Line	Goods or Services Required	Quantity	UOM	Contract Ref.	Unit Price	Line Value	VAT
1	0021013 0021013 REF: 0021013 POSEY WRAP	10	EACH	249107186	£7.65	£76.50	-

Net Total : **£76.50**

Carriage : -

Tax : -

Total : **£76.50**