

PURCHASE ORDER



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Order Number: EME2201934

Requisition Number:

Date: 14/07/2022

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Supplier

VIAMED

15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKS Deliver To

NORTH TYNESIDE GENERAL HOSPITAL

ESTATES DEPT STORES
RAKE LANE, NORTH SHIELDS

TYNE & WEAR.

Invoice To

NORTHUMBRIA HEALTHCARE FACILITIES MGT

C/O NORTHUMBRIA HOUSE

UNIT 7 & 8 SILVER FOX WAY

COBALT BUSINESS PARK

NEWCASTLE UPON TYNE

BD20 7D	T			NE29 8NH				NE	NE27 0QJ		
Special Instructions :				Brief Description CZ22				CZ22 OX	OXYGEN FUEL CELLS DB		
Contact/Quotation Ref :			orders@viamed.co.uk	All Enquiries to	All Enquiries to DAVE BELL DAVID.BELL2@NHCT.NHS.UK						
Quantity	Unit		Product Desc	cription	Unit Price	VC	VAT	Total Value	Expenditure Code		
1.00		R17 CE	ELL I	ART NUMBER 011018		42.00	8	8.40	42.00	552052 738200	
4.00		T7 CELL PA		RT NUMBER 0110057		61.70	8	49.36	246.80		
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Conditions of Order

- 1. No responsibility will be accepted for goods delivered to any point other than that specified on this order and accompanied by a Delivery Advice Note.
- All orders will be made on this form only. The Dept will not be liable for goods or services unless ordered on this form and duly signed.
 The Order Number above must be quoted on all advice notes, delivery notes, invoices, correspondence and acknowledgements.
- 4. Goods will be received only between 8am and 4pm Hrs Monday to Thursday and 8am and 3pm Friday.
- Goods will be received only between 8am and 4pm Hrs Monday to Thursday and 8am and 3pm
 Any alteration in Quantity or Price must be confirmed in writing by the ordering officer.

6. All goods must be accompanied by a Delivery Advice Note.

Authorised & Recurrent

Excluding VAT

T 288.80

VAT : 57.76 Including VAT 346.56