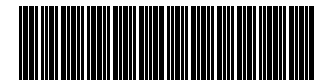


# PURCHASE ORDER



## FILE REPRINTED COPY

Order Number :	EME2202219
Requisition Number :	
Date :	28/07/2022
Page :	1 of 1

Supplier	Deliver To	Invoice To
<b>VIAMED</b> <b>15 STATION ROAD</b> <b>CROSS HILLS</b> <b>KEIGHLEY</b> <b>WEST YORKS</b>  <b>BD20 7DT</b>	<b>MEDICAL ELECTRONICS DEPARTMENT (NSECH)</b> <b>NORTHUMBRIA SPECIALIST EMERG CARE HOSP</b> <b>MEDICAL ENGINEERING DEPARTMENT</b> <b>NORTHUMBRIA WAY</b> <b>CRAMLINGTON</b> <b>NORTHUMBERLAND</b>  <b>NE23 6NZ</b>	<b>NORTHUMBRIA HEALTHCARE FACILITIES MGT</b> <b>C/O NORTHUMBRIA HOUSE</b> <b>UNIT 7 &amp; 8 SILVER FOX WAY</b> <b>COBALT BUSINESS PARK</b> <b>NEWCASTLE UPON TYNE</b>  <b>NE27 0QJ</b>

Special Instructions :		Brief Description	CZ22 V1000 SERVICE DB
Contact/Quotation Ref :		All Enquiries to	DAVE BELL DAVID.BELL2@NHCT.NHS.UK

Quantity	Unit	Product Description	Unit Price	VC	VAT	Total Value	Expenditure Code
		<b>PLEASE CARRY OUT SERVICE OF V1000</b>  <b>Foetal Heart Simulator V1000 - Service £45.00</b> <b>V1000 Transducer interface cushion £0.00</b> <b>UPS Courier Delivery - Standard £10.00</b> <b>TOTAL £55.00 NOT INC VAT</b>		8		55.00	552052 738200

<b>Conditions of Order</b> 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. 2. 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. 3. 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. 5. 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.				Excluding VAT	55.00
				VAT :	11.00
				Including VAT	66.00

Authorised By   <b>CHRIS GLASS</b>	
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