## **PURCHASE ORDER**

## SOUTH WESTERN AMBULANCE SERVICE NHS FOUNDA



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Supplier:

VIAMED LTD 15 STATION ROAD CROSS HILLS

KEIGHLEY, WEST YORKSHIRE BD20 7DT

01535634542 GLN:

Buyer	HELEN RYF SANDOM
Telephone	
Email	Procurement@swast.nhs.uk

RYF4035 CENTRAL STORE DELIVERY

Deliver to:

SWAST CENTRAL STORES NORTH C/O CHIPPENHAM AMBULANCE STATI MALMESBURY ROAD CHIPPENHAM, SN15 5LN

## Invoice to:

SOUTH WESTERN AMBULANCE SERVI RYF PAYABLES 6555 PHOENIX HOUSE, TOPCLIFFE LANE WAKEFIELD, WF3 1WE

0303 123 1177 GLN:

Order Number	151230752
Date	18-AUG-22

## **Instructions to Supplier:**

- This order is subject to Standard NHS Terms and Conditions of Contract or agreed signed Contract.
- The above order number must be quoted on all invoices, acknowledgements, delivery notes and other correspondence.
- A delivery note must accompany each consignment of goods.
- The order must not be passed to any third party for supply.

Any invoices not complying with these instructions will be returned unpaid to the supplier.

You can now register for free e-invoicing via Tradeshift. For more information visit: https://www.sbs.nhs.uk/supplier-einvoicing

Quantity U.O.M Supplier Description Required Part Number:	Delivery Unit Price Date (Inc Discoun	Line Value GBP
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30 PACK 10 4420815

VERASTREAM VIAMED CO2/02 SAMPLING LINE ADULT

88.00

2.640.00

2,640.00

Total Value of Order (Exc VAT)

Instructions to Supplier: This order is subject to the standard NHS Terms and Conditions of contract. For a copy of these please contact the Buyer for this order. Any price alterations must be agreed with the buyer prior to order execution. The above order number must be quoted on all invoices, acknowledgements, delivery notes and other correspondence. A delivery note must accompany each consignment of goods. The order must not be passed to any third party for supply. Any invoices not complying with these instructions will be returned unpaid to the supplier.