

## **OFFICIAL PURCHASE ORDER** No: 004756162

Date: 26/08/2022

Supplier: 00276800VIAMED LTD

**15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE** 

**BD20 7DT** 01535 634542

Order To: Deliver To:-Invoice To:

VIAMED LTD CLINICAL ENGINEERING NGH 15 STATION ROAD GROUND FLOOR, NURSES HOME NORTHERN GENERAL HOSPITAL **CROSS HILLS KEIGHLEY** HERRIES ROAD

**SHEFFIELD** 

WEST YORKSHIRE **BD20 7DT** S5 7AU

PURCHASE LEDGER DEPT -CLOCKTOWER SHEFFIELD TEACHING HOSPITALS NORTHERN GENERAL HOSPITAL

HERRIES ROAD SHEFFIELD S5 7AU. Or email sth.finance.invoice@nhs.net

Line	Qty	Supplier Ref	Contract Ref	Description	Unit Price	Total
1	4.00			0110023 EACH SENSOR, OXYGEN, 5120 & XL	38.00	182.40
2	1.00			CARRIAGE FOC PAP SOPHIE VIA EMAIL 26/08	0.00	0.00
					<b>Goods Total</b>	152.00

VAT 30.40

**Total** 182.40

## **Notes**

**CONDITIONS OF ORDER** Signed:



- 1. All Invoices must quote our Purchase Order number and be sent to the Invoice Address shown.
- 2. All goods must be accompanied by a Delivery Note quoting our Purchase Order Number.
- 3. This Purchase Order is placed with your organisation subject to the application of our terms and conditions

as referred to in the Department of Health's "Applicable Contract Terms Policy": https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-ofcontract-for-the-purchase-of-goods-and-supply-of-services

For and on behalf of the Trust

Enquiries concerning this order to: **SAM WRAGG** Tel: **0114 2715736** 

sth.procurementsupport@nhs.net or email:

Internal information: **C67415 CLIN ENGINEERING (MAINT) NGH** 

Reference:

For payment enquiries telephone: 0114 2266499