



Supplier: VIAMED LTD 15 STATION ROAD CROSS HILLS KEIGHLEY BD20 7DT GLN:		Deliver To: TK6638 SGH EBME LEV A SAB GENERAL STORES LEVEL B CENTRE BLOCK SOUTHAMPTON GENERAL HOSPITAL- TREMONA ROAD SOUTHAMPTON HAMPSHIRE SO16 6YD UNITED KINGDOM	<table><tr><td>Order Number</td><td>P10254514</td></tr><tr><td>Date</td><td>05-SEP-2022</td></tr><tr><td>UHS EORI Number</td><td>XI654942706000</td></tr></table>	Order Number	P10254514	Date	05-SEP-2022	UHS EORI Number	XI654942706000						
Order Number	P10254514														
Date	05-SEP-2022														
UHS EORI Number	XI654942706000														
<table><tr><td>Buyer:</td><td>RHM BUYER</td></tr><tr><td>Telephone:</td><td></td></tr><tr><td>Email:</td><td>UHSbuyingteam@wpl.uhs.nhs.uk</td></tr></table>	Buyer:	RHM BUYER	Telephone:		Email:	UHSbuyingteam@wpl.uhs.nhs.uk	<table><tr><td>Requester Name:</td><td>Lister, Joanne</td></tr><tr><td>Requester Telephone:</td><td></td></tr><tr><td>Requester Email:</td><td>joanne.lister@uhs.nhs.uk</td></tr></table>	Requester Name:	Lister, Joanne	Requester Telephone:		Requester Email:	joanne.lister@uhs.nhs.uk	Invoice To: FINANCE DEPT (RHM) SOUTHAMPTON GENERAL HOSPITAL TREMONA ROAD SOUTHAMPTON SO16 6YD UNITED KINGDOM	Terms & Conditions 1) Alterations to this order are not permitted without prior agreement of the trust and must be confirmed in writing. 2) All deliveries must be accompanied or preceded by an advice / delivery note. 3) Deliver to: (location) must be clearly labelled on outer packaging 4) The official order number must be quoted on all documents relating to this order. 5) All goods MUST be signed for by Goods-In operatives and will be done so 'unchecked'. Goods left without the obtainment of Goods-In operatives signature will result in invoices being returned to the supplier unpaid in the event of disputed delivery. 6) This order is subject to standard NHS Terms and Conditions unless otherwise stated. Copies available on request. 7) Control of Substances Hazardous to health (COSHH) - a full material data sheet must be forwarded for each product on the first order - or on request of an authorized officer. 8) Order is conditional on all Medical Devices being CE Marked in compliance with directive 93/42/EEC or other as determined by the UK MRHA. 9) Payment terms 30 days net unless otherwise agreed. 10) Invoices must be sent electronically via email to: effu.fin.invoices@workflow.mail.em3.oraclecloud.com 11) For full T&Cs please visit: http://www.uhs.nhs.uk/procurement/Terms-and-conditions.aspx
Buyer:	RHM BUYER														
Telephone:															
Email:	UHSbuyingteam@wpl.uhs.nhs.uk														
Requester Name:	Lister, Joanne														
Requester Telephone:															
Requester Email:	joanne.lister@uhs.nhs.uk														
Note to the Supplier:															

Line Number	Supplier Item	Description	UHS Reference Number	GTIN	Lot/Serial Number	Delivery Date	Currency	U.O.M	Quantity Required	Unit Price Inc Discount	Line Value
1	0110043	0110043, R-43V OXYGEN CELLS (PACK OF 2)				6-Sep-22	GBP	EACH	2	85.50	171.00
Total Value of Order (Exc VAT)											171.00

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. UHS operates a No PO, No Pay policy and any invoices not complying with these instructions will be returned unpaid to the supplier. Goods must be delivered between 08:00 and 16:00 Monday to Friday excluding Bank Holidays.