

## PURCHASE ORDER

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## SOUTH WESTERN AMBULANCE SERVICE NHS FOUNDA



## Supplier:

VIAMED LTD  
15 STATION ROAD  
CROSS HILLS

KEIGHLEY, WEST YORKSHIRE BD20 7DT

01535634542  
GLN:

Buyer SUREE RYF DODD

Telephone

Email Procurement@swast.nhs.uk

RYF2141 EXETER STORE

## Deliver to:

SOUTH WESTERN AMBULANCE STORES  
UNIT 1-9 DE HAVILLAND ROAD  
SKYPARK  
CLYST HONITON, Devon EX5 2GE

## Invoice to:

SOUTH WESTERN AMBULANCE SERVI  
RYF PAYABLES 6555  
PHOENIX HOUSE, TOPCLIFFE LANE  
WAKEFIELD, WF3 1WE0303 123 1177  
GLN:

Order Number

151231465

Date

08-SEP-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.

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Quantity Required	U.O.M	Supplier Part Number:	Description	Delivery Date	Unit Price (Inc Discount)	Line Value GBP
20 BOX 10		4420815	) VERSASTREAM VIAMED C02/02 SAMPLING LINE ADULT		88.00	1,760.00
1 EACH	CARRIAGE		CARRIAGE FOR VERSASTREAM VIAMED C02/02 SAMPLING LINE ADULT		10.00	10.00

Total Value of Order (Exc VAT) 1,770.00

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