

PURCHASE ORDER

Page 1 of 1

WORCESTERSHIRE ACUTE HOSPITALS NHST



Supplier:

VIAMED LTD
15 STATION ROAD
CROSS HILLS

KEIGHLEY, WEST YORKSHIRE BD20 7DT

01535634542

GLN:

Buyer MICHAEL RWP PAUL

Telephone

Email m.paul2@nhs.net

RWP 182848 TECHNICAL SERV DEPT

Deliver to:

KIDDERMINSTER HOSPITAL
RECEIPTS AND DISTRIBUTION
FRANCHISE STREET
KIDDERMINSTER, DY11 6RJ

Invoice to:

WORCESTERSHIRE ACUTE HOSPITAL
RWP PAYABLES 6485
PHOENIX HOUSE TOPCLIFFE LANE
WAKEFIELD, WF3 1WE

0303 123 1177

GLN:

Order Number

305469528

Date

14-MAR-22

PLEASE CHECK THIS P.O. IF ANY OF THE DETAILS CONCERNING THE ITEMS LISTED ARE BELIEVED TO BE INCORRECT, I.E. SUPPLIER CODE, ITEM DESCRIPTION, PRICE OR DELIVERY CHARGE,

PLEASE EMAIL FULL DETAILS OF THE AMENDMENTS TO:
WAH-TR.PURCHASING@NHS.NET OR ALTERNATIVELY FAX AN
AMENDED COPY OF THE P.O. TO 01527 502822 AND,

IF REQUIRED, THE ORDER WILL BE RESUBMITTED TO YOU.

Quantity Required	U.O.M	Supplier Part Number:	Description	Delivery Date	Unit Price (Inc Discount)	Line Value GBP
			calibration			
			Calibration to Foetal Heart simulator test equipmentQuote number QVM135923	21-MAR-22		45.00
			Shipping			
			Return shipping for Foetal Heart simulator test equipmentQuote number QVM135923	21-MAR-22		10.00

Total Value of Order (Exc VAT)

55.00

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.