

Internal Audit Check list			
CONTRACT REVIEW <i>claimed</i>			
Created:	17/May 1995	Audit No 02	VM3/COP03 VOP 04
Revised:	16 August 2016	Last printed	Page 1 of 1
Audit Date	17-8-16	Auditor <i>Helen Lamb</i>	ISO

INTERNAL AUDIT CHECKLIST / QUESTIONNAIRE			
DATE:	AUDITOR: Audit No 02	AUDIT PROCEDURE COP's 03, 20.5	
QUESTION:	RESPONSE:		Y/N
Are Telephone orders being logged in the call log correctly	<i>call log re ORD 81785 #1428</i>		<i>Y</i>
Are Contact Details being updated in the system correctly Check 5 of this weeks Invoices: Check the Invoice, ORD customer paperwork and CRM are correct. Stamped, initialled and dated correctly 1. ORD 81842 ✓ 2. ORD 81785 not stamped + not on CRM 3. ORD 81790 ✓ 4. ORD 81801 ✓ 5. ORD 81819 ✓	<i>issue to KE re ORD 81785 non conformance. #77049</i>		<i>Y</i>
ORD File(s) are in ORD number order and archived correctly			<i>Y</i>
Quotes and proformas file used correctly check 3 of each, Box size where relevant, checked as per order, stamped emailed and dated. - check any over the limit set in vm3COP03 have been signed by a director. Quotes 1. QU004373 ✓ 2. QU004338 ✓ box size attached too 3. QU003686 ✓ signed off over limit. Proformas 1. PRO 04046 ✓ box size 2. PRO 043900 ✓ 3. PRO 03953 ✓			

*# issue needed re quotes level to sign. £5000 do we do same for orders ? and Proformas any discounts need to be signed off.
#77057*



VIAMED LIMITED

I N V O I C E



Invoice Address

General Anaesthetics Services Limited
Worth Valley House, Ingrow
Business Park, Halifax Road
Keighley
BD21 5EF

Delivery Address

General Anaesthetics Services Limited
Worth Valley House, Ingrow
Business Park, Halifax Road
Keighley
BD21 5EF

Delivery No. DEL82695

Invoice No. IN146113

Delivery Date 11/08/16

Tax Point 11/08/16

Customer Ref. 11/08/16CC

Account 00012765

PRODUCT CODE	DESCRIPTION	QUANTITY	UNIT PRICE	DISC. %	Total £	VAT
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0111275	Oxygen analyser OxiQuant S S/N:A103387	1	96.00		96.00	1
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PP	Collect in Person	1				1
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an Katie - picked by Emma
ORD 81785 +el order 101.

not stamped/init/dated x

Checked ✓

priority one not signed by Director but team leader
Directors in as per signed majority are same day.
team leader put order on, issue sent to remind needs

Alex Jaqus

KATIE

Weee registration number: WEE/DD1952ZQ

Vat Registration number: GB 287 3895 93

Terms: Nett 30 days from date of Invoice.

Terms and conditions: www.viamed.co.uk/terms

Credit transfers to: Barclays Bank PLC, High Street, Skipton, N Yorks.

For credit of:

VIAMED Ltd, £ A/C No. 00906662 Bank Sort Code 20-78-42.

BIC/Swift Code: BARCGB22 IBAN: GB93BARC20784200906662

Goods Total

96.00

VAT

19.20

Invoice Total

115.20

signing by different authorised signee
not an CRM X

Claims: Please claim non delivery within 7 days of invoice,

shortages or damages within 3 days of receipt.

Claims after these times cannot be entertained

Title to goods does not pass until payment in full

has been received.

15 Station Road, Cross Hills, Keighley
West Yorkshire, BD20 7DT, UK
Telephone : +44 (0) 1535 634542
Fax : +44 (0) 1535 635582
Email : info@viamed.co.uk

Feedback : www.viamed.co.uk/feedback



VIAMED LIMITED

I N V O I C E



Invoice Address

Medivent Ltd (Euro)
Unit 10
Hills Industrial Centre
Liffey Bridge, Lucan, Co. Dublin
Ireland

Delivery Address

Medivent Ltd (Euro)
Unit 10
Hills Industrial Centre
Liffey Bridge, Lucan, Co. Dublin
Ireland

Delivery No. DEL82750
Invoice No. IN146169
Delivery Date 16/08/16
Tax Point 16/08/16
Customer Ref. P05548
Account 00007374

IE4883758C

PRODUCT CODE	DESCRIPTION	QUANTITY	UNIT PRICE	DISC.%	Total Euros	VAT
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0014802	Pulse Oximetry Ear Sensor Model: EP4007 Compatibility: HP/Philips S/N EFJ00010-11 Tariff 90181990-00 Courier delivery - Standard. Shipped with order P05543	2	70.00		140.00	E
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PPUPS6

E

*Stamped/sign/int ✓
checked ✓
on CRM ✓*

Amy Kelly Tel: +353 1 628 0338

Vat Registration number : GB 287 3895 93

Terms: Nett 30 days from date of Invoice.

Credit transfers to : Barclays Bank PLC, High Street, Skipton, N Yorks. For credit of: VIAMED Ltd, Euro A/C No. 87399700 Bank Sort Code 20-78-42.

BIC/Swift Code: BARCGB22

IBAN : GB89BARC20547887399700

EORI GB287389593000

Claims: Please claim non delivery within 7 days of invoice, shortages or damages within 3 days of receipt.

Claims after these times cannot be entertained

Title to goods does not pass until payment in full has been received.

Goods Total 140.00

VAT

Invoice Total 140.00

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VIAMED LIMITED

I N V O I C E



Invoice Address

Yorkshire Ambulance Service
Finance Department
Springhill 1 Brindley Way
Wakefield 41 Business Park
Wakefield
WF2 0XG

Delivery Address

Yorkshire Ambulance Service
Equipment 41 Industrial Estate
Unit M Brunel Road
Wakefield
West Yorkshire
WF2 0XG

Delivery No. DEL82704

Invoice No. IN146122

Delivery Date 11/08/16

Tax Point 11/08/16

Customer Ref. 113861

Account 00008001

PRODUCT CODE	DESCRIPTION	QUANTITY	UNIT PRICE	DISC.%	Total £	VAT
0014495	Masimo Red DCI-dcl2, adult reusable Sp02 sensor. Model No.: 2054 Cable length: 12ft Patient weight> 30kg Serial Number: A1620E1098-99 A1620E1100-04 A1620E1107 A1620E1108-09 Courier delivery - Standard.	10	215.00		2150.00	1
PPUPS1		1	10.00		10.00	1

Stamped/sign init ✓
checked ok ✓
all ok. ✓
on CRM ✓
ORD 81790

Mick Westman - 0845 124 1241

KATIE

Weee registration number: WEE/DD1952ZQ

Vat Registration number : GB 287 3895 93

Terms: Nett 30 days from date of Invoice.

Terms and conditions: www.viamed.co.uk/terms

Credit transfers to : Barclays Bank PLC, High Street, Skipton, N Yorks.

For credit of:

VIAMED Ltd, £ A/C No. 00906662 Bank Sort Code 20-78-42.

BIC/Swift Code: BARCGB22 IBAN: GB93BARC20784200906662

Goods Total 2160.00

VAT 432.00

Invoice Total 2592.00

Claims: Please claim non delivery within 7 days of invoice, shortages or damages within 3 days of receipt.
Claims after these times cannot be entertained
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Feedback : www.viamed.co.uk/feedback

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VIAMED LIMITED

I N V O I C E



Invoice Address

Hull & East Yorkshire Hospital
NHS Trust
Finance Department
PO Box 4030
Swindon
SN4 4LQ

Delivery Address

Hull Royal Infirmary
Goods Inward, Fountain Street
Anlaby Road
Hull
East Yorkshire
HU3 2JZ

Delivery No. DEL82712

Invoice No. IN146130

Delivery Date 12/08/16

Tax Point 12/08/16

Customer Ref. RWA12868

Account 00002265

PRODUCT CODE	DESCRIPTION	QUANTITY	UNIT PRICE	DISC.%	Total £	VAT
0021013	Sensor wraps, box of 12. Adult or paediatric finger, infant toe, neonatal foot. For use with multi-site 'Y' sensors. Ref. 6554 Courier delivery - Standard.	22	7.50		165.00	1
PPUPS1		1				1

Stamped/sign init/ ✓
checked ✓
an CRM ✓

ORD 81801

Gill Buckley - 01482 608782

KATIE

Weee registration number: WEE/DD1952ZQ

Vat Registration number : GB 287 3895 93

Terms: Nett 30 days from date of Invoice.

Terms and conditions: www.viamed.co.uk/terms

Credit transfers to : Barclays Bank PLC, High Street, Skipton, N Yorks.

For credit of:

VIAMED Ltd, £ A/C No. 00906662 Bank Sort Code 20-78-42.

BIC/Swift Code: BARCGB22 IBAN: GB93BARC20784200906662

Claims: Please claim non delivery within 7 days of invoice,
shortages or damages within 3 days of receipt.
Claims after these times cannot be entertained
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Feedback : www.viamed.co.uk/feedback

Goods Total 165.00

VAT 33.00

Invoice Total 198.00

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Email : info@viamed.co.uk



VIAMED LIMITED

I N V O I C E



Invoice Address
Bunzl Healthcare
George House
Unit 6 Delta Park Ind Estate
Millmarsh Lane
Enfield
EN3 7QJ

Delivery Address
Bunzl Healthcare
Unit 6, Delta Park Ind Estate
Millmarsh Lane
Enfield
Middlesex
EN3 7QJ

Delivery No. DEL82728
Invoice No. IN146146
Delivery Date 15/08/16
Tax Point 15/08/16
Customer Ref. 292162
Account 00009610

PRODUCT CODE	DESCRIPTION	QUANTITY	UNIT PRICE	DISC. %	Total £	VAT
0021013	Sensor wraps, box of 12. Adult or paediatric finger, infant toe, neonatal foot. For use with multi-site 'Y' sensors. Ref. 6554 Courier delivery - Standard.	12	6.00		72.00	1
PPUPS1		1	10.00		10.00	1

Stamped/sign init/✓
checked ✓
on CRM ✓

ORD 81819

Nick Paul - 0161 848 4084

SARAHH

Weee registration number: WEE/DD1952ZQ
Vat Registration number : GB 287 3895 93
Terms: Nett 30 days from date of Invoice.
Terms and conditions: www.viamed.co.uk/terms
Credit transfers to : Barclays Bank PLC, High Street, Skipton, N Yorks.
For credit of:
VIAMED Ltd, £ A/C No. 00906662 Bank Sort Code 20-78-42.
BIC/Swift Code: BARCGB22 IBAN: GB93BARC20784200906662

Goods Total 82.00
VAT 16.40
Invoice Total 98.40

Claims: Please claim non delivery within 7 days of invoice,
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has been received.

Feedback : www.viamed.co.uk/feedback

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Internal Audit Check list			
CONTRACT REVIEW			
Created:	17/May 1995	Audit No 02 <i>Named</i>	VM3/COP03 VOP 04
Revised:	13 September 2011	Last printed 3/28/2007 12:07:00 PM	Page 1 of 1
Audit Date		Auditor	ISO

INTERNAL AUDIT CHECKLIST / QUESTIONNAIRE			
DATE:	AUDITOR: Audit No 02	AUDIT PROCEDURE COP's 03, 20.5	
QUESTION:		RESPONSE:	Y/N
Check that all phone, enquiries are recorded in the personal diaries.		<i>Intrastats</i>	
Verify that the same information is added simultaneously into "Goldmine".		<i>?</i>	
Are replacement goods offered "Same Day" as stated?		<i>No way to check</i>	
Check that originals are filed in datal order file		<i>CRD file</i>	
Check that all current prices are retrievable from "Opera" & Intrastats		<i>Intrastats.</i>	
Check that the quote, and a covering letter is faxed to the customer, and cross referenced to the quote (on file)		<i>and proforma filed with paperwork</i>	
Verify authorisation for quotes above £1000 Have been countersigned by a director		<i>Done needs review</i>	
Verify that the order is checked for stock availability, production and delivery times are achievable through Intrastats		<i>Done</i>	
Check that the order is so stamped with the account No and initialled as accepted.			
Check that order differences are resolved prior to acceptance, and that this information is recorded in Goldmine		<i>Intrastats + CRD</i>	
Verify that the weekly review meeting is undertaken where possible with 4 weeks being the maximum			

- call log used for orders — are all tel orders on order log
- if info put in to intrastats for orders email/tel/post
- CRD file in CRD order + Archived correctly
- Quote + proforma file used correctly as per procedure Check 3 of each for ~~signed~~ box size, ~~where direct stamp~~ checked as per order, Stamp emailed + date.

re written so be print + do.
17-8-16 HC/DC