

ABERDEEN BLIND COMPANY

ESTABLISHED 1952

32 Esslemont Avenue
Aberdeen
AB25 1SP

Tel: 01224 637609

Fax: 01224 631172

Email: sales@aberdeen-blinds.co.uk

42990

CUSTOMER ORDER No.

Customer's Name **NHS**
Address **Public Zone - Management Centre**

Post Code

Call Rachel 01224 551 364

Tel. home	Will meet you
Tel. work	
mobile	
email	

DATE MEASURED/ORDERED	27/01/22
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CURTAINS		
PLEATED		
ROLLERS		
ROMANS		
SHUTTERS		
VENETIAN		
VERTICALS		
VISION		
WOODEN		

AM PM (MEASURING TIME)			P/CUST
MON			NET
TUE			PRESS
WED			RADIO
THU			MAG.
FRI			VAN
AM PM (FITTING TIME)			RECC.
MON			SHOP
TUE			TV
WED			YELL P
THU			OTHER
FRI			

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Any other Instructions	Price
	1135	1235	89	PVC	L1	WAND	900m	
	1135	↓	↓	Leaves Green		↓		
	1135	↓	↓	Version RA		↓		

alum	anthracite	black	brown	champ-gold	chrome	silver	white	recess size	motorised	wood fix	stone fix	brackets top	face
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measured by	fitted by	date	CASH	CHEQUE	SPREE
			INVOICE	CARD	

ALL BLINDS MANUFACTURED AFTER 1ST APRIL 2014 MUST COMPLY WITH NEW CHILD SAFETY LAWS. SAFETY DEVICES SUPPLIED WITH GOODS MUST BE FITTED BY US AT THE TIME OF INSTALLATION. REFUSAL TO ALLOW A SAFETY DEVICE TO BE FITTED WILL RESULT IN THE BLINDS NOT BEING INSTALLED. UNDER THE TERMS OF THIS CONTRACT YOU WILL BE LIABLE TO ACCEPT DELIVERY AND PAY THE FULL AMOUNT. I have ordered the above goods and agree to pay 50% deposit and the remaining balance on the day of fitting. If payment is not made in full at that time Aberdeen Blinds has the right to remove the goods until full settlement is made. Title of the goods does not pass to the customer until payment has been made in full. Declaring that there shall be no liability for normal damage occasioned by such removal.

TOTAL PRICE	£	To Be Confirmed	Special Instructions
DEPOSIT	£	PRICE ACCEPTANCE	
BALANCE	£417.00	Customer's Signature	
			NRE 11356895



PURCHASE ORDER: NFE11356895

Buyer NHS GRAMPIAN SUMMERFIELD HOUSE EDAY ROAD ABERDEEN, GRAMPIAN AB15 6RE	Order Date 27 Jan 2022	Invoice To NHS GRAMPIAN FINANCE DEPARTMENT, WESTHOLME, WOODEND QUEENS ROAD ABERDEEN, AB15 6LS
Supplier Aberdeen Blind Company 32 Esslemont Avenue Aberdeen, 75450	Order Contact Name: Shona Battensby Phone: 07876258954 shona.battensby@nhs.scot	Delivery Shona Battensby NAGDENGINEERING MILE END WORKSHOP ESTATES C/O CENTRAL STORES Foresterhill ABERDEEN, GRAMPIAN AB25 2ZD

Delivery Information

Order Type:	Direct Ship
Carrier:	Best Way -Normal Delivery
FOB - Delivery Terms:	Delivered -Allowed

Payment Information

Customer Number:	Not Known
Payment Terms:	Net 30

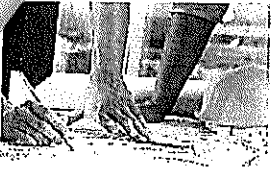
Line	Item Type	Item No	Manufacturer No	UOM	Pack Size	Qty	Unit Price	VAT Type	Extended Amt
	Description (Line Comments)								
1	Non-Catalogue	unknown		Each		1	£417.00	SI	£417.00
	To supply and fix 3 x no. sets of blinds NHSG standard as per request for admin and referral management centre. (Call off against NHS Grampian Measured Term Contract Framework and agreed rates therein)								
Total Extended Amount:									£417.00

VAT Types

Key	Description
SI	SI - STD IRRECOVERABLE

Terms & Conditions of Purchase:

1. This Purchase Order is subject to NHS Scotland Standard Conditions of Contract for the Purchase of Goods or Services.
2. The prices detailed in this Purchase Order are fixed and firm for the duration of this order and not subject to any escalation.
If the Supplier finds any discrepancies, ambiguities, or contradictions between various parts of this Purchase Order, or any errors or omissions, the
3. Purchaser shall be immediately informed in writing. Any work performed after such discovery, until authorised in writing by Purchaser, will be at the Supplier's risk and expense.
4. Payment shall be effected within 30 days from receipt of a satisfactorily rendered full and correct invoicing documentation and fulfilment of supplier's obligations under this Purchase Order, unless agreed otherwise between Purchaser and Supplier.
Packages containing fragile articles must be packed with special precaution against risk of breakage and marked "fragile - handle with care". Supplier is responsible for suitable inner packing and wrapping of items. Supplier is responsible for the identification of any hazardous materials, which may be included with delivery of goods. Delivery must be made in strict accordance with the Health and Safety at Work Act 1974 and all sub ordinate legislation such as Control of Substances Hazardous to Health Regulations (COSHH) and Manual Handling Regulations latest revisions.
5. Goods must be received between 0900 and 1530 hours Monday to Thursday; and 0800 and 1500 hours Friday. The Purchaser shall not be responsible for any costs for re-delivery of goods as a result of delivery being made out with these receiving hours.
6. The correct delivery address for delivery and invoicing shall be stated on this Purchase Order. Any changes to delivery/ invoice requirements shall be covered by way of revision to this Purchase. The Purchaser will not accept any responsibility for goods or invoices delivered to any point other than stated on this Purchase Order, unless covered by the issue of a revision to this Purchase Order.
7. Supplier must comply with the units of supply stated on this Purchase Order. Any changes must be covered by way of a revision to this Purchase Order.



Project Budget Cost Request Form



ALL SECTIONS MUST BE COMPLETED BEFORE REQUEST WILL BE CONSIDERED

Site:Foresterhill	Building: Aberdeen Royal Infirmary
Ward / Department: Outpatients	Contact Name: Rachel Findlater
<i>PURPLE ZONE LEVEL 1</i>	
Contact Number: 51364	Contact E-Mail Address: rachel.findlater@nhs.scot
Brief Description of Request: Blinds to be installed in windows of admin & referral management centre	

Request Submitted By: Rachel Findlater	Name: Rachel Findlater <i>01224 551 364</i>
	Job Title: OP Admin Support Manager
Signature: <i>Rachel Findlater</i>	Date: 18.01.22

Request Supported By (e.g. Service or Business Manager): Gillian Broadwith	Name: Gillian Broadwith
	Job Title: OP Service Manager
Signature: <i>Gillian Broadwith</i>	Date: 18.01.22
Management Accountant Approval:	Name:
	Job Title:
Signature:	Date:

Date Received:	Date Returned:
Project Manager: <i>SHONA BATTENSBY</i>	Project Number: <i>P116024171</i>
Budget Cost Amount for Approval: (to be provided by Estates)	£

Intended Source of Funding (e.g. Departmental; Endowments; Capital etc.): Departmental



Project Budget Cost Request Form



ALL SECTIONS MUST BE COMPLETED BEFORE REQUEST WILL BE CONSIDERED

Budget Code (for information:- no charge will be made until approved):
N03444

Detailed Description of Requirements:

Blinds to be purchased and installed in admin & referral management office

Does the request involve any of the following:

Alterations to the ventilation system	Yes / No
Alterations to the water system	Yes / No
Alterations to physical structures	Yes / No
If the answer to any of the above is 'Yes', has the Infection Prevention and Control Team (IPCT) been consulted? Yes / No	
N/A	
Name of IPCT Contact:	

State the business objective that will be met by the request:

Eradication of Health and Safety or risk issue (please provide details):

Service or efficiency improvement (please provide details):

Improvement to environment (please provide details):

This section should only be completed if the requested work is to be authorised to proceed (before or after costing is provided)

Authorised By:	Name:
	Job Title:
Signature:	Date:
Budget Code:	

Completed form to be returned to: gram.facilitieshelpdesk@nhs.scot

1135 x 1235 24 WANDS

FACE PR
900 WANDS

1135 x 1235 24 WANDS

1135 x 1235 24 WANDS

LIQUID ENERGY

139
x3

417