

ABERDEEN BLIND COMPANY

ESTABLISHED 1952

32 Esslemont Avenue
Aberdeen
AB25 1SP
Tel: 01224 637609
Fax: 01224 631172
Email: sales@aberdeen-blinds.co.uk

44038

CUSTOMER ORDER No.

Custom: **NHS**
Address: **Northam Down Clinic**
Min

Tel. home
Tel. work
mobile: **07856996360**
email

DATE MEASURED/ORDERED
6/July/22

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

AM PM (MEASURING TIME)		
MON		
TUE		
WED	✓	2-5
THU		
FRI		

AM PM (FITTING TIME)		
MON		
TUE		
WED		
THU		
FRI		

P/CUST	
NET	
PRESS	
RADIO	
MAG.	
VAN	
RECC.	
SHOP	
TV	
YELL P	
OTHER	

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
	1595	1573	89	RC White	RM	250	TOP	
	2338	1620	Row		LH	5106	Goisus	
	630	1600	↓	↓	LH			
	630	1590	↓		RM			

alum	anthracite	black	brown	champ-gold	chrome	silver	white	recess size	motorised	wood fix	stone fix	brackets top face
------	------------	-------	-------	------------	--------	--------	-------	-------------	-----------	----------	-----------	-------------------

measured by	fitted by	date	CASH	CHEQUE	SPREE
<i>[Signature]</i>			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	£		
BALANCE	£ 591.14	PRICE ACCEPTANCE Customer's Signature	PO NR12 11807352

01224

849333

NHS

Project Budget Cost Request Form

2500

Grampian

Var 1595x1573 M to Au 2500 + 630x1600 + 630x1690
Rm 2336x1620 L4 size window 230.

ALL SECTIONS MUST BE COMPLETED BEFORE REQUEST WILL BE CONSIDERED

144
89
89
255
591 + 144

Site: Northfield Dental Clinic	Building: Northfield Medical Centre
Ward / Department: Public Dental Service / surgery 2 (Right handside when approaching)	Contact Name: Cheryl McCahery
Contact Number: 01224 556019	Contact E-Mail Address: cheryl.mccahery@nhs.scot
Brief Description of Request: New blinds supplied and fitted	

Request Submitted By:	Name: Cheryl McCahery
	Job Title: PDS Support Manager
Signature: <i>Cheryl</i>	Date: 17/06/2022

Request Supported By (e.g. Service or Business Manager):	Name: Elaine Dey
	Job Title: PDS Service Manager
Signature: <i>Elaine Dey</i>	Date: 17/06/2022
Management Accountant Approval:	Name: Scott Thomson
	Job Title: Management accountant
Signature:	Date: 17/06/2022

Date Received: 17-6-22	Date Returned:
Project Manager: SHONA BATTENSBY	Project Number: P 712024180
Budget Cost Amount for Approval: (to be provided by Estates)	£

HEALTH VISITORS ROOM

1500x2360 L4 700 M 3000
1635 M
1645 L4
1630 L4
1535 M

178x5
890 + 144

Laure + shan



PURCHASE ORDER: NFE11807352

Buyer NHS GRAMPIAN SUMMERFIELD HOUSE EDAY ROAD ABERDEEN, GRAMPIAN AB15 6RE	Order Date 7 Jul 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	£591.00	SI	£591.00
	Northfield Medical Centre Dental - 3 x no vertical blinds complete with sealed in weights 1x chain operated roller blind complete with side guide wires as per request and quote (Call off against NHS Grampian Measured Term Contract Framework and agreed rates therein)								
Total Extended Amount:									£591.00

VAT Types

Key	Description
SI	SI - STD IRRECOVERABLE

Terms & Conditions of Purchase:

- This Purchase Order is subject to NHS Scotland Standard Conditions of Contract for the Purchase of Goods or Services.
- 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 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.
- 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 subordinate legislation such as Control of Substances Hazardous to Health Regulations (COSHH) and Manual Handling Regulations latest revisions.
- 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.
- 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.
- 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.