

# ABERDEEN BLIND COMPANY

ESTABLISHED 1952

32 Esslemont Avenue

Aberdeen

AB25 1SP

Tel: 01224 637609

Fax: 01224 631172

Email: sales@aberdeen-blinds.co.uk

45605

**CUSTOMER  
ORDER No.**

Customer's Name

*NHS - Commu*

Address

*Dunwoon Wars*

Post Code

Tel. home	
Tel. work	
mobile	
email	

DATE MEASURED/ORDERED	
<i>19/4/12</i>	

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
	<i>1740</i>	<i>2110</i>	<i>10</i>	<i>MC Blue</i>	<i>L1</i>	<i>2150</i>		
	<i>1755</i>	<i>↓</i>	<i>↓</i>	<i>↓</i>	<i>M1</i>			
<i>Must install safety laws</i>								

alum	anthracite	black	brown	champ-gold	chrome	silver	white	recess size	motorised	wood fix	stone fix	brackets top face
									<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

measured by	fitted by	date	CASH	CHEQUE	SPREE
<i>cb</i>			INVOICE	CARD	

ALL BLINDS MANUFACTURED AFTER 1<sup>st</sup> 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	<i>£412 + Van</i>	PRICE ACCEPTANCE Customer's Signature	
			<i>PO NRE12798002</i>

Thursday 6/4

# Project Budget Cost Request Form



ALL SECTIONS MUST BE COMPLETED BEFORE REQUEST WILL BE CONSIDERED

Site: Royal Cornhill Hospital	Building: Clerkseat
Ward / Department: Dunnottar (Division A) <i>MoirA</i>	Contact Name: Claire-Louise Sim
Contact Number: 01224 557409	Contact E-Mail Address: claire-louise.sim@nhs.scot
Brief Description of Request:  Heat repellent roller blinds for the large window in the Nursing Office.	

Request Submitted By:	Name: Claire-Louise Sim
	Job Title: Assistant Support Manager
Signature: <i>CL Sim</i>	Date: 28/03/23

Request Supported By (e.g. Service or Business Manager):	Name: Claire Smith
	Job Title: Support Manager
Signature: <i>CS</i>	Date: 28/03/23
Management Accountant Approval:	Name:
	Job Title:
Signature:	Date:

Date Received:	Date Returned:
Project Manager:	Project Number:
Budget Cost Amount for Approval: (to be provided by Estates)	£

Intended Source of Funding (e.g. Departmental; Endowments; Capital etc.):
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1740 x 2110  
1755 x v

LY  
ML ML 2150  
AC Warr  
206  
206  
412 + Warr



# PURCHASE ORDER: NFE12798002

<b>Buyer</b> NHS GRAMPIAN SUMMERFIELD HOUSE EDAY ROAD ABERDEEN, GRAMPIAN AB15 6RE	<b>Order Date</b> 18 Apr 2023	<b>Invoice To</b> NHS GRAMPIAN FINANCE DEPARTMENT, WESTHOLME, WOODEND QUEENS ROAD ABERDEEN, AB15 6LS
<b>Supplier</b> Aberdeen Blind Company 32 Esslemont Avenue Aberdeen, 75450	<b>Order Contact</b> Name: Shona Battensby Phone: 07876258954 <a href="mailto:shona.battensby@nhs.scot">shona.battensby@nhs.scot</a>	<b>Delivery</b> Shona Battensby NAGDENGINEERING MILE END WORKSHOP ESTATES C/O CENTRAL STORES Foresterhill ABERDEEN, GRAMPIAN AB25 2ZD

## Delivery Information

<b>Order Type:</b>	Direct Ship
<b>Carrier:</b>	Best Way -Normal Delivery
<b>FOB - Delivery Terms:</b>	Delivered -Allowed

## Payment Information

<b>Customer Number:</b>	Not Known
<b>Payment Terms:</b>	Net 30

Line	Item Type	Item No	Manufacturer No	UOM	Pack Size	Qty	Unit Price	VAT Type	Extended Amt
1	Non-Catalogue	unknown		Each		1	£412.00	SI	£412.00
To supply and fit new roller blind for nursing office RCH Dunnottar Ward. (Call off against NHS Grampian Measured Term Contract Framework and agreed rates therein)									
<b>Total Extended Amount:</b>									£412.00

## 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 sub ordinate 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.