

ABERDEEN BLIND COMPANY

ESTABLISHED 1952

32 Esslemont Avenue

Aberdeen

AB25 1SP

Tel: 01224 637609

Fax: 01224 631172

Email: sales@aberdeen-blinds.co.uk

45691

CUSTOMER
ORDER No.

David

Customer's Name *NHS - IN PATIENT x - day*

Address *SPECIAL PROCEDURES*

Post Code

EA1N 6WALC

Tel. home	
Tel. work	<i>PER FITTING</i>
mobile	<i>ASAP</i>
email	

DATE
MEASURED/ORDERED
31 5 12

CURTAINS		
PLEATED		
ROLLERS		
ROMANS		
SHUTTERS		
VENETIAN		
VERTICALS		
VISION		
WOODEN		

AM PM (MEASURING TIME)

MON		
TUE		
WED		
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
	<i>1640</i>	<i>990</i>	<i>Non</i>	<i>PVC White</i>	<i>RH</i>	<i>2200</i>		
<i>Yellow Zone - Pass The 3 Lights On RH Side</i>								
<i>Turn Left - Pass Reception Room To Go On Corridor</i>								
<i>Turn Right - Elaine Office Is On LH Side On</i>								
<i>Corridor Just Past Penallt Tower - Name Is On Door</i>								

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

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 £

DEPOSIT £

BALANCE £ *122.00*

To Be Confirmed

PRICE ACCEPTANCE
Customer's Signature

Special Instructions

NPI 12846226




Project Budget Cost Request Form

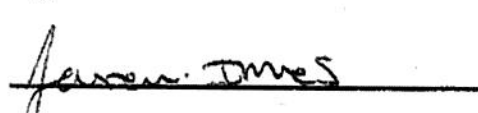


ALL SECTIONS MUST BE COMPLETED BEFORE REQUEST WILL BE CONSIDERED

X26021 – Sent to G Watt 27/4/23

Site: ARI	Building: MAIN BUILDING
Ward / Department: SPECIAL PROCEDURES 2 IN – PATIENT X-RAY	Contact Name: ELAINE GUTHRIE
Contact Number: 52173	Contact E-Mail Address: elaine.guthrie1@nhs.scot
Brief Description of Request: A blind to be purchased and fitted on a window between a control room and angiography suite.	

Request Submitted By: 16408990 m 220	Name: Elaine Guthrie
	Job Title: Deputy Superintendent Radiographer
Signature: 	Date: 27/04/2023

Request Supported By (e.g. Service or Business Manager):	Name: Lauren Innes
	Job Title: Superintendent Radiographer
Signature: 	Date: 27/04/23
Management Accountant Approval:	Name: John Leonard
	Job Title: Procurement officer
Signature:	Date: 27/04/2023

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

Yellow Zone - Past Lim Tow LEM - Pass Reception To
End Of Corridor - Turn Right - Elaine Office Door On
LEM Past Reception Toilets - Name On Door