

PURCHASE ORDER: NFE13026041

Buyer NHS GRAMPIAN SUMMERFIELD HOUSE EDAY ROAD ABERDEEN, GRAMPIAN AB15 6RE	Order Date 20 Jun 2023	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: Dale Chapman Phone: 0 dale.chapman@nhs.scot	Delivery Dale Chapman 0 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								
1	Non-Catalogue	unknown		Each		380.8	£1.00	SI	£380.80
	CAMHS ANTI-LIGATURE BLINDS FAO Steve Nimmo 2no 89mm Wand Operated Vertical Blinds complete with sealed in weights no chains at bottom of louvres. Fabric: Dart Colour: White								£380.80
Total Extended Amount:									£380.80

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
5. 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.
6. 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
7. 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.
8. 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.

Thurs 25/05

Project Budget Cost Request Form



ALL SECTIONS MUST BE COMPLETED BEFORE REQUEST WILL BE CONSIDERED
X26034 – SENT TO G WATT 18/5/23

Site: City Hospital	Building: Links Unit
Ward / Department: CAMHS	Contact Name: Siobhan Cowie
Contact Number: 01224 558323	Contact E-Mail Address: siobhan.cowie@nhs.scot
Brief Description of Request: Blinds to be put in room on window facing corridor.	
<i>Examination Resource Room</i>	

Request Submitted By:	Name: Siobhan Cowie	
	Job Title: CAMHS Project Manager	
Signature: <i>Siobhan Cowie</i>	Date: 17/05/2023	<i>2090 + 1150</i> <i>2090 + 1150</i>

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Request Supported By (e.g. Service or Business Manager):	Name: Amanda Farquharson	
	Job Title: Service Manager	
Signature: <i>Amanda Farquharson</i>	Date: 17/05/2023	<i>2090 + 1150</i> <i>2090 + 1150</i> <i>2090 + 1150</i> <i>2090 + 1150</i>
Management Accountant Approval:	Name: <i>7844</i>	<i>2090 + 1150</i>
	Job Title: <i>312 + 1150</i>	
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.): Departmental
