

**ABERDEEN BLIND COMPANY**

**JOB COMPLETION SHEET**

**CUSTOMER:** NHS Surgical wards

**ORDER No:** 45769

**PRODUCT:**

see Attached

Jill Confirmed OK for access.

**CARRIED OUT BY:** David

**DATE:** 6/6/23

I CAN CONFIRM THAT THE ABOVE WORK HAS BEEN CARRIED OUT  
TO MY SATISFACTION,

**NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**WORK OUTSTANDING YES / NO**

**DETAILS:**

**ABERDEEN BLIND COMPANY**

**32 ESSEMONT AVE**

**ABERDEEN**

**AB25 1SP**

**01224 637609**

**ABERDEEN**  
**COMPANY**

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

45769

CUSTOMER  
ORDER No.

AM PM (MEASURING TIME)

MON										POUST
TUE	✓	12-5								NET
WED										PRESS
THU										RADIO
FRI										MAG.
										MAN

AM PM (FITTING TIME)

MON										RECC.
TUE										SHOP
WED										TV
THU										YELL P
FRI										OTHER

DATE  
MEASURED/ORDERED  
16/MAY/23

CURTAINS		
PLEATED		
ROLLERS		
ROMANS		
SHUTTERS	✓	1-3
VENETIAN		
VERTICALS		
VISION		
WOODEN		

From: NHS-RACH  
Address: Surgical Wards  
Lesley Lumsden  
Tel. hc  
Tel. w  
mo  
er.

**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
Bay 11		30	Runners + 2x Gaskets				Per 1080	
M17	1000mm	of					1080	
M3	2500mm	of					1080	

Book in  
For New  
David  
Week  
1 Hr

alum	anthracite	black	brown	champ-gr	wood fix	stone fix	brackets top face
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measured by	fitted by	date	CASH	CHEQUE	SPREE
<i>[Signature]</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 £

DEPOSIT £

BALANCE £ 310 *thru*

To Be Confirmed

PRICE ACCEPTANCE  
Customer's Signature  
*[Signature]* 17/5/23

Special Instructions

## PURCHASE ORDER: NFE12900662

<b>Buyer</b> NHS GRAMPIAN SUMMERFIELD HOUSE EDAY ROAD ABERDEEN, GRAMPIAN AB15 6RE	<b>Order Date</b> 17 May 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
	Description (Line Comments)								
1	Non-Catalogue	unknown		Each		1	£310.00	SI	£310.00
	To remove any existing and supply and fit new rails, runners and endstops as per request from Lesley Lumsden for RACH medical and surgical wards. (Call off against NHS Grampian Measured Term Contract Framework and agreed rates therein)								
<b>Total Extended Amount:</b>									£310.00

### 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
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.

# Project Budget Cost Request Form



ALL SECTIONS MUST BE COMPLETED BEFORE REQUEST WILL BE CONSIDERED

Site: <b>RACH</b>	Building: <b>RACH - 2nd floor</b>
Ward / Department: <b>MEDICAL / SURGICAL WARD</b>	Contact Name: <b>ABSL</b>
Contact Number: <b>59139 01224 553848</b>	Contact E-Mail Address: <b>lesley.lumsden@nhs.scot</b>
Brief Description of Request: <b>Please replace broken or missing curtain rails at all bay + cubicle windows in patient areas in Medical + surgical wards</b>	

Request Submitted By: <b>CREID</b>	Name: <b>CAROLINE REID</b>
	Job Title: <b>CLINICAL NURSE MANAGER</b>
Signature:	Date: <b>6/4/23</b>

Request Supported By (e.g. Service or Business Manager):	Name: <b>46 BAN 11 30 Anne + Leo Scott</b>
	Job Title: <b>85 M17 1060 @ 1000</b>
Signature:	Date: <b>139 M3 2500 1060</b>
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)	£