

Custom

Address:

*NHS - Woodens
NRU Building*

Tel. h

Tel. v

mc

e

DATE
MEASURED/ORDERED

16.01.24

CURTAINS	<input checked="" type="checkbox"/>
PLEATED	<input checked="" type="checkbox"/>
ROLLERS	<input checked="" type="checkbox"/>
ROMANS	<input checked="" type="checkbox"/>
SHUTTERS	<input checked="" type="checkbox"/>
VENETIAN	<input checked="" type="checkbox"/>
VERTICALS	<input type="checkbox"/>
VISION	<input type="checkbox"/>
WOODEN	<input type="checkbox"/>

10

AM PM (MEASURING TIME)

MON	<input type="checkbox"/>	<input type="checkbox"/>
TUE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WED	<input type="checkbox"/>	<input type="checkbox"/>
THU	<input type="checkbox"/>	<input type="checkbox"/>
FRI	<input type="checkbox"/>	<input type="checkbox"/>

AM PM (FITTING TIME)

MON	<input type="checkbox"/>	<input type="checkbox"/>
TUE	<input type="checkbox"/>	<input type="checkbox"/>
WED	<input type="checkbox"/>	<input type="checkbox"/>
THU	<input type="checkbox"/>	<input type="checkbox"/>
FRI	<input type="checkbox"/>	<input type="checkbox"/>

P/CUST	<input type="checkbox"/>
NET	<input type="checkbox"/>
PRESS	<input type="checkbox"/>
RADIO	<input type="checkbox"/>
MAG.	<input type="checkbox"/>
VAN	<input type="checkbox"/>
RECC.	<input type="checkbox"/>
SHOP	<input type="checkbox"/>
TV	<input type="checkbox"/>
YELL P	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

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>Rm 2</i>	<i>1 SLAT</i>		<i>127</i>					
<i>Rm 3</i>	<i>2 SLATS</i>							
<i>Rm 4</i>	<i>2010</i>	<i>1772</i>			<i>RH CONT</i>	<i>1115</i>		
<i>Rm 5</i>	<i>1 SLAT</i>							
<i>Rm 7</i>	<i>1 SLAT</i>							
<i>Rm 8</i>	<i>1 SLAT</i>							

When Removing Blinds In Room 4, Use Slats For Other Rooms - Leave Remaining Slats With Lamin For Spares

alum	anthracite	black	brown	champ-gold	chrome	silver	white	recess size	motorised	wood fix	stone fix	brackets top	face
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measured by	fitted by	date	CASH	CHEQUE	SPREE
<i>[Signature]</i>			INVOICE	CARD	

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 a 50% deposit and the remaining balance when confirming the installation appointment. If payment is not made in full at that time, Aberdeen Blinds have the right to refuse to install the products 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 £ *270* *Am*

To Be Confirmed

PRICE ACCEPTANCE
Customer's Signature

Special Instructions

1 x Vent Only

PO NIRE 13782561



PURCHASE ORDER: NFE13782561

Buyer NHS GRAMPIAN SUMMERFIELD HOUSE EDAY ROAD ABERDEEN, GRAMPIAN AB15 6RE	Order Date 23 Jan 2024	Invoice To NHS GRAMPIAN FINANCE DEPARTMENT, WESTHOLME, QUEENS ROAD, WOODEND nss.pdfinvoicegrampian@nhs.scot (pdf only) ABERDEEN, AB15 6LS
Supplier Aberdeen Blind Company 32 Esslemont Avenue Aberdeen, 75450	Order Contact Name: Sam Clark Phone: - sam.clark2@nhs.scot	Delivery Sam Clark - 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		270	£1.00	SI	£270.00
	Replace blinds in Woodend NRU as Per Quote FAO Steven Nimmo (Replace blinds in Woodend NRU as Per Quote FAO Steven Nimmo)								
Total Extended Amount:									£270.00

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.

From: Steven Nimmo
Sent: 18 January 2024 13:00
To: Nikki
Subject: FW: Woodend NRU BLind replacement
Attachments: X26291 - NRU New Blinds - Proejct Request Form.pdf

PLEASE PRINT OFF EMAIL AND ATTACHMENT, GOING ON MONDAY MORNINGN IF YOU COULD PUT UP ON CLIP

26 Rm 3 1772 x 5" x 2 Cream

Kind Regards

Steven Nimmo
m. 07740851162 t.01224 637609
Aberdeen Blind Company
32 Esslemont Avenue
Aberdeen, AB25 1SP
e. steven@aberdeen-blinds.co.uk
w. www.aberdeen-blinds.co.uk

206 Rm 4 2010 x 1772 R4 cover 100
L4 stretch 5"

16 Rm 5 1772 x 5" x 1 Cream

11 Rm 7 1772 x 5" x 1 Cream

12 Rm 8 1772 x 5" x 1 Cream

14 Rm 2 1772 x 5" x 1 Cream

ABERDEEN
BLIND COMPANY
ESTABLISHED 1952

206
64

270 + 16

From: Sam Clark (NHS Grampian) <sam.clark2@nhs.scot>
Sent: Monday, January 15, 2024 9:32 AM
To: Steven Nimmo <steven@aberdeen-blinds.co.uk>
Subject: Woodend NRU Blind replacement

Hi Steven

See attached. Would you be able price the attached? Happy to meet on site when you attend if required.

Sam Clark
Project Manager
Facilities and Estates Department
Foresterhill Campus, ARI
Mob 07876258771



Project Budget Cost Request Form



X26291 - SENT TO G WATT 12/1/23

ALL SECTIONS MUST BE COMPLETED BEFORE REQUEST WILL BE CONSIDERED

Site: Woodend Hospital	Building: Neuro Rehab Centre
Ward / Department: Neuro rehab	Contact Name: Sam Finnie
Contact Number: 01224 556312	Contact E-Mail Address: samantha.finnie@nhs.scot
Brief Description of Request: Blinds required for two rooms. Blinds are not able to be repaired there new ones are required. These blinds would be of benefit to ensure dignity and effective sleep for our patients. They would comply with infection control guidelines for wiping clean.	

Request Submitted By:	Name: Laura MacBean
	Job Title: Senior Charge Nurse
Signature: <i>L MacBean</i>	Date: 11.01.24

Request Supported By (e.g. Service or Business Manager):	Name: Fiona Forbes
	Job Title: Nurse Manager
Signature: <i>Fiona Forbes</i>	Date: 11.01.24
Management Accountant Approval:	Name: Vicky Smith
	Job Title: Service Manager
Signature: <i>Vicky Smith</i>	Date: 11.01.24

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