

Customer's Name *NHS.*
Address *Clinic G - Purple Zone*
Level 3
Post Code *ROBNS PERUNA*

Tel. home	
Tel. work	
mobile	
email	

DATE MEASURED/ORDERED
18/03/24

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>SECRETARIAL OFFICE</i>	<i>1100</i>	<i>1850</i>	<i>89</i>	<i>PVC White</i>	<i>LH</i>	<i>3100</i>		
	<i>↓</i>	<i>↓</i>	<i>↓</i>	<i>↓</i>	<i>RI</i>	<i>↓</i>		

alum	anthracite	black	brown	champ-gold	chrome	silver	white	recess size	motorised	wood fix	stone fix	brackets top	face
------	------------	-------	-------	------------	--------	--------	-------	-------------	-----------	----------	-----------	--------------	------

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 £ *282.41*

To Be Confirmed

PRICE ACCEPTANCE
Customer's Signature
[Signature]

Special Instructions

Project Budget Cost Request Form

ALL SECTIONS MUST BE COMPLETED BEFORE REQUEST WILL BE CONSIDERED
X26333 – SENT TO G WATT 14/3/24

Site: Secretarial office, Clinic G, Purple Zone, ARI	Building: Clinic G, 3 rd Floor Purple Zone
Ward / Department: Renal Medicine	Contact Name: Robyn Fletcher
Contact Number: 58061	Contact E-Mail Address: robyn.fletcher@nhs.scot
Brief Description of Request: Curtains in secretarial office were damaged due to water ingress so have been removed. Replacement blinds required to be installed.	

Request Submitted By:	Name: Robyn Fletcher
	Job Title: Assistant Support Manager Renal and GI departments, Long term conditions pathway
Signature: <i>Robyn Fletcher</i>	Date: 14/03/2024

Request Supported By (e.g. Service or Business Manager):	Name: Scott Arnot
	Job Title: Service Manager, Renal and GI Departments, Long Term Conditions Pathway
Signature: <i>S. Arnot</i>	Date: 14/03/2024 <i>1100 x 1850</i> <i>1100</i>
Management Accountant Approval:	Name: <i>Anne R</i>
	Job Title: <i>RN 3100</i>
Signature:	Date: <i>14 3 100</i>

Date Received:	Date Returned: <i>PVC Wura</i>
Project Manager:	Project Number:
Budget Cost Amount for Approval: (to be provided by Estates)	£ <i>40000</i>

142
142
282

W
m



Project Budget Cost Request Form



ALL SECTIONS MUST BE COMPLETED BEFORE REQUEST WILL BE CONSIDERED

Intended Source of Funding (e.g. Departmental; Endowments; Capital etc.):
Departmental

Budget Code (for information:- no charge will be made until approved):
N03108

Detailed Description of Requirements:
Curtains in secretarial office were damaged due to leaks that have now been resolved. Old blinds have been disposed. Please can measurements be taken and new blinds installed into the room.

Does the request involve any of the following:

Alterations to the ventilation system	Yes / No
Alterations to the water system	Yes / No -unclear
Alterations to physical structures	Yes / No

If the answer to any of the above is 'Yes', has the Infection Prevention and Control Team (IPCT) been consulted? Yes / No

Name of IPCT Contact:

State the business objective that will be met by the request:

Eradication of Health and Safety or risk issue (please provide details):

Service or efficiency improvement (please provide details):

Improvement to environment (please provide details): Improve the room environment and currently no blinds in place so can be issues with brightness/glare on computer screens impeding secretarial admin work.

This section should only be completed if the requested work is to be authorised to proceed (before or after costing is provided)

Authorised By:	Name:
	Job Title:
Signature:	Date:
Budget Code:	

Completed form to be returned to: gram.facilitieshelpdesk@nhs.scot