

file

No: 107269

PORTSMOUTH HEALTHCARE **NHS**
NHS Trust

INTERNAL ADVICE NOTE

This form is to be used by all staff who receive goods/services from a supplier. It authorises payment from a budget to the supplier.

SUPPLIER NAME DR A. C. KNAPMAN

ORDER RAISED (SEE BELOW) 1) YES 2) NO IF NO Please attach all relevant backup paperwork

ORDER NUMBER REQUISITION NO

TRANSFER POINT VALUE OF ORDER/SERVICE £608.00

VAT RECLAIMABLE YES NO

BRIEF DESCRIPTION OF GOODS

QUANTITY	DESCRIPTION OF GOODS/SERVICES RECEIVED
INVOICE DATE: 30.1.03	TO PAY DR KNAPMAN FOR PROVIDING MEDICAL COVER TO DRYAD & DAEDALUS WARDS, GOSPORT WAR MEMORIAL HOSP. PERIODS BETWEEN 1.1.03 TO 16.2.03 INC.

ACCOUNT CODE 0550 COST CENTRE F44270

COMPLETED BY (PRINTED PLEASE) LISA GRACE

DATE AUTHORISED 18.2.03

BUDGET MANAGERS SIGNATURE (AUTHORISED SIGNATORY OFFICER) Code A

PRINTED NAME

TELEPHONE NUMBER

- 1) ORDER RAISED
Send internal advice not receiving.
- 2) NO ORDER RAISED
Send internal advice not immediately goods have

Margaret
Could you send it please
Thanks Lynn
Plavix
clopidogrel

File

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ACCOUNT CODE 0 5 5 0 **COST CENTRE** F 4 4 2 7 0

COMPLETED BY (PRINTED PLEASE) LISA GRACE

DATE AUTHORISED 18.2.03

BUDGET MANAGERS SIGNATURE (AUTHORISED SIGNATORY ONLY) Code A

PRINTED NAME R.A. SALMON

TELEPHONE NUMBER **EXT**

1) ORDER RAISED
Send internal advice note to your nearest receipt and distribution or booking in agent for receipting.

2) NO ORDER RAISED
Send internal advice note to the Creditor Payments section, Oakley, St James Hospital Immediately goods have been received.

Dr A C Knapman



Code A

3 Feb 2003
PERSONNEL

30th January 2003

*Citrus Denoldes
Medical Staffs
Personnel office
St James Hospital*

Contract for Services

Invoice for Providing Medical Cover to
Dryad and Daedalus Wards Gosport War Memorial Hospital

Invoice Amount:

£608.00

Date:

01.01.03 to 16.02.03
inclusive

Cheque payable to: Dr A C Knapman

Signed

Code A

No: 107270

PORTSMOUTH HEALTHCARE **NHS**
NHS Trust

INTERNAL ADVICE NOTE

This form is to be used by all staff who receive goods/services from a supplier. It authorises payment from a budget to the supplier.

SUPPLIER NAME DR M. J. BRIGG.

ORDER RAISED (SEE BELOW) YES NO IF NO
 1) 2) Please attach all relevant backup paperwork

ORDER NUMBER **REQUISITION NO**

TRANSFER POINT **VALUE OF ORDER/SERVICE** £1500.00

VAT RECLAIMABLE YES NO

BRIEF DESCRIPTION OF GOODS

QUANTITY	DESCRIPTION OF GOODS/SERVICES RECEIVED
INVOICE DATE 30.1.03	TO PAY DR BRIGG FOR PROVIDING MEDICAL COVER TO DR YAD & JAE DALUS WARDS, GOSPORT WAR MEMORIAL HOSPITAL IN THE PERIOD BETWEEN 1.1.03 TO 16.2.03 INC.

ACCOUNT CODE 0 5 5 0 **COST CENTRE** F 4 4 2 7 0

COMPLETED BY (PRINTED PLEASE) LISA GRACE

DATE AUTHORISED 18.2.03.

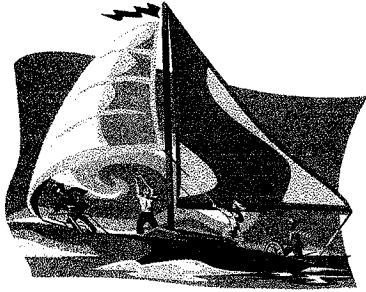
BUDGET MANAGERS SIGNATURE (AUTHORISED SIGNATORY ONLY) Code A

PRINTED NAME R. A. SALMOND

TELEPHONE NUMBER **EXT**

- 1) **ORDER RAISED**
 Send internal advice note to your nearest receipt and distribution or booking in agent for receipting.
- 2) **NO ORDER RAISED**
 Send internal advice note to the Creditor Payments section, Oakley, St James Hospital
 Immediately goods have been received.

Dr M. J. Brigg



Code A

30th January 2003

*CHRIS DENCHES
Medical Staff
St. James Hospital*

Contract for Services

Invoice for Providing Medical Cover to
Dryad and Daedalus Wards Gosport War Memorial Hospital

Invoice Amount:

£1500.00

Date:

01.01.03 to 16.02.03
inclusive

Cheque payable to: Dr M J Brigg

Signed

Code A

No: 107271

PORTSMOUTH HEALTHCARE **NHS**
NHS Trust

INTERNAL ADVICE NOTE

This form is to be used by all staff who receive goods/services from a supplier. It authorises payment from a budget to the supplier.

SUPPLIER NAME DR P. A. BEASLEY.

ORDER RAISED (SEE BELOW) YES NO IF NO
1) 2) Please attach all relevant backup paperwork

ORDER NUMBER **REQUISITION NO**

TRANSFER POINT **VALUE OF ORDER/ SERVICE** £1500.00

VAT RECLAIMABLE YES NO

BRIEF DESCRIPTION OF GOODS

QUANTITY	DESCRIPTION OF GOODS/SERVICES RECEIVED
INVOICE DATE 30.1.03	TO PAY DR BEASLEY FOR PROVIDING MEDICAL COVER TO THE DRYAD & DAEDALUS WARDS AT GOSPORT WAR MEMORIAL HOSP. FROM 1.1.03 TO 16.2.03 INC.

ACCOUNT CODE 0 5 5 0 **COST CENTRE** F 4 4 2 7 0

COMPLETED BY (PRINTED PLEASE) LISA GRACE.

DATE AUTHORISED 18.2.08.

BUDGET MANAGERS SIGNATURE (AUTHORISED SIGNATORY ONLY)
Code A

PRINTED NAME R. A. SALMON.

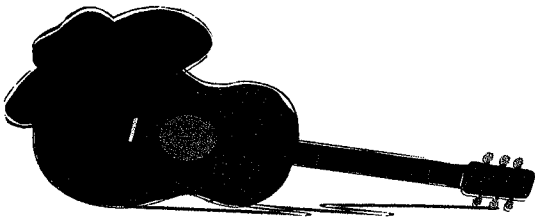
TELEPHONE NUMBER **EXT**

1) **ORDER RAISED**
Send internal advice note to your nearest receipt and distribution or booking in agent for receipting.

2) **NO ORDER RAISED**
Send internal advice note to the Creditor Payments section, Oakley, St James Hospital Immediately goods have been received.

Dr P. A. Beasley

Code A



CHMS DENTHOE
MEDICAL STAFFING
St James Hospital

30th January 2003

Contract for Services

Invoice for Providing Medical Cover to
Dryad and Daedalus Wards Gosport War Memorial Hospital

Invoice Amount:

£1500.00

Date:

01.01.03 to 16.02.03
inclusive

Cheque payable to: Dr P A Beasley

Signed

Code A