Supplies Department Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

(Signature)

(Signature)

APPROVED (BUDGET HOLDER)

Please Print Name

NON-STOCK REQUISITION

East Hampshire Primary Care Trust
Portsmouth City Teaching Primary Care Trust
Fareham and Gosport Primary Care Trust

54382

Charnauds Ltd. PMP855

REQUISITION NO:

DATE	DEPT./HOSPITAL	2000			[DEL	IVER	RY TO)	TRANSFER POINT						
								O p			IPPLIES DEPA	RTMEN	T USE ONLY			
QUANTITY	DESCRIPTION	PRODUCT CODE	ACCOUNTING CODE ACCOUNT No. COST CENTRI		TING CODE COST CENTRE		VAT RECLAIMABLE Y/N	SUPPLIER	UNIT COST	ORDER NUMBER	REMARK					
2010	Colopias Aguaslos			-							Coloptor	1?	783680			
20K3/	/11	1783/									Colo yes	?	7:3686.			
2600	" "	7834									Coloplad	- 2	783694			
124	CLEVILD SDrongy	0031									Moltalece	2.14.50	1200.			
1	Badgedhand	6-18T		ST	B						Beambrick Modercal	13.24				
21	Saddle Urinal	6-26		1							Beambridge	13-24				
1200	Male Urriab Ipt										Sporcer.	4.50				
6	Meb Whels Hitre	176									x Sporcer-	450				
/10	IV Administration Set	21-034	0	TF.S	312	3	92			-	Bims Cresoby					
2000	Wisland	35,	6	D	W	0	35					7.20				
2010	Unsleeve.	936		1	3.4	ou	多色	44				7.20				
1200	LVISLOOR.	50W				b	42					7.20				
		~					-									
X																
REQUISITIONED	Please Print Name	SCELVE	Please Print Name EXT. NO.											1000		

Oracle iProcurement: Review & Submit Requisition

Page 1 of 1



Return to Portal Sho

Shop

Requisition Status

Receiving

Checkout

Shopping Cart

Delivery

Billing

Notes

Approvers

P-Card Number

Review & Submit

Review and Submit Requisition

Please review your requisition carefully to verify that everything's OK.

Ready to complete this transaction? Press the Submit button

Submit

• Need to make corrections? Use your browser's Back button

Requisition 492

Urgent Requisition No

Total (GBP) 39.72

Created by **5LX WYATT, ELAINE**Creation Date **19-JUN-2006**

Description Urinal 19-06-06

Note to Approver please approve

Note to Buyer

Туре

Description

Add Attachments Attention To

Items

To view all the information for a line item, click its View link.

	Line	Item Description	Unit	Quantity	Price	Total (GBP)
View	1	Bridge urinal code 6-18T	EACH			13.24
<u>View</u>	2	Saddle urinal Code 6-26	EACH	2	13.24	26.48
				Total	(GBP)	39.72

Clear Checkout Changes and Return to Shopping Cart

Submit

ORACLE Procurement

Return to Portal Sho

A CONTRACTOR OF THE CONTRACTOR

Shop

Requisition Status

Receiving

Checkout

Shopping Cart

Delivery

Billing

Notes

Approvers

Review & Submit

Review and Submit Requisition

Please review your requisition carefully to verify that everything's OK.

Ready to complete this transaction? Press the Submit button

Submit

Total (GBP) 58.00

• Need to make corrections? Use your browser's Back button

Requisition 490

ELAINE Urgent Requisition No

P-Card Number

Created by 5LX WYATT, ELAINE

Creation Date 19-JUN-2006

Description Citrus spray 19-06-06

Note to Approver please approve

Note to Buyer

Add Attachments Attention To

Type

Description

Items

To view all the information for a line item, click its View link.

Line Item Description

Unit Quantity Price

Total (GBP)

View

Citrus spray Code 0031

EACH 4

14.50 58.00

Total (GBP) 58.00

Clear Checkout Changes and Return to Shopping Cart

Submit

ORACLE Procurement Return to Portal Sho

Shop

Requisition Status

Receiving

Checkout

Shopping Cart

Delivery

Billing

Notes

Urgent Requisition No

P-Card Number

Review & Submit

Review and Submit Requisition

Please review your requisition carefully to verify that everything's OK.

• Ready to complete this transaction? Press the Submit button

Submit

Need to make corrections? Use your browser's Back button

Requisition 489

Total (GBP) 62.13

Created by 5LX WYATT, ELAINE

Creation Date 19-JUN-2006

Description Admin sets 19-06-06

Note to Approver please approve

Note to Buyer

Add Attachments Attention To

Type

Description

Items

To view all the information for a line item, click its View link.

		Line	Item Description	Unit	Quantity	Price	Total (GBP)
<u> </u>	∕iew	1	ADMINISTRATION SET FOR GRASEBY 500 VOLUMETRIC PUMP STANDARD INFUSION SET GRASEBY 21-0346-25	EACH	10	2.987	29.87
> 7	∕iew	2	URINE DRAINAGE LEG BAG HOLDER SMALL URISLEEVE 150111 (PACK 4)	PACK 4	2	6.128	12.26
<u> </u>	/iew	3	URINE DRAINAGE LEG BAG HOLDER MEDIUM URISLEEVE 150121 (PACK 4)	PACK 4	2	6.128	12.26
▶ <u>∨</u>	/iew	4	URINE DRAINAGE BAG WITH NON RETURN VALVE DRAINABLE NON STERILE 2000ML WITH SINGLE DRAIN TAP BARDIA B2000NWT (PACK 10)	PACK 10	2	3.872	7.74
▶ ∨	/iew	5	NHS LOGISTICS CATALOGUE FREE OF CHARGE	EACH	1	0.001	0.00
					Total ((GBP)	62.13

Clear Checkout Changes and Return to Shopping Cart

Submit



Return to Portal Sho

Shop

Requisition Status

Receiving

Checkout

Shopping Cart

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Billing

Notes

Approvers

Review & Submit

Review and Submit Requisition

Please review your requisition carefully to verify that everything's OK.

• Ready to complete this transaction? Press the Submit button

Submit

Need to make corrections? Use your browser's Back button

Requisition 493

Total (GBP) 54.00

Created by 5LX WYATT, ELAINE
Creation Date 19-JUN-2006

Description Male urinal 19-06-06
Note to Approver please approve

Note to Buyer

Add Attachments Attention To

Urgent Requisition No P-Card Number

Type Description

Items

To view all the information for a line item, click its View link.

Line Item Description

Unit Quantity Price

1 pint male urinals

EACH 12

4.50 54.00

Total

(GBP)

Total (GBP) 54.00

Clear Checkout Changes and Return to Shopping Cart

Submit

ORACLE

Return to Portal Sho

Procurement //



Single Regulsition Status

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Delivery

Notes

Review & Submit

Review and Submit Requisition

Please review your requisition carefully to verify that everything's OK.

Ready to complete this transaction? Press the Submit button

Submit

Need to make corrections? Use your browser's Back button

Requisition 929

Total (GBP) 17.00

Created by 5LX WYATT, ELAINE

Creation Date 08-AUG-2006

Urgent Requisition No P-Card Number

Description GELATIN POWDER 08-08-06

Note to Approver PLEASE APPROVE

Line Item Description

Note to Buyer

Add Attachments Attention To

Type

Description

Items

To view all the information for a line item, click its View link.

		GELATIN GELLING COMPOUND
w	1	POWDER 6G SACHETS VERNACE

PACK

Unit

Quantity Price (GBP)

View

IE IS VERNAGEL 450MA100 (PACK 100)

17.004 17.00

Total

Total (GBP) 17.00

Clear Checkout Changes and Return to Shopping Cart

Submit

ORACLE

Return to Portal Sho

Shop Requisition Status Receiving

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Billing

Maton

Approvers

Review & Submit

Review and Submit Requisition

Please review your requisition carefully to verify that everything's OK.

Ready to complete this transaction? Press the Submit button

Submit

• Need to make corrections? Use your browser's Back button

Requisition 928

Total (GBP) 151.96

Created by 5LX WYATT, ELAINE

Creation Date 08-AUG-2006

Urgent Requisition No

P-Card Number

Description VARIOUS ITEMS HOMECRAFT DAEDALUS 08-08-06

Note to Approver PLEASE APPROVE

Note to Buyer

Add Attachments Attention To

Type

Description

Items

To view all the information for a line item, click its View link.

	Line	Item Description	Unit	Quantity	Price	Total (GBP)
▶ View	1	CLEAR POLYCARBONATED MUG CODE AA5700	EACH	6	3.87	23.22
▶ View	2	TWO HANDLED BEAKER CODE AA5760	EACH	6	3.14	18.84
▶ <u>View</u>	3	STANDARD TOILET FRAME CODE AA2210	EACH	2	54.95	109.90

Total (GBP) 151.96

Clear Checkout Changes and Return to Shopping Cart

Submit

Supplies Department Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600 GTB.

NON-STOCK REQUISITION

East Hampshire Primary Care Trust
Portsmouth City Teaching Primary Care Trust
Fareham and Gosport

DATE SOLDEPT./HOSPITAL COOLAGE DELIVERY TO DECIVERY TO TRANSFER POINT FOR SUPPLIES DEPARTMENT USE ONLY ORDER VAT RECLAIMABLE UNIT ACCOUNTING CODE PRODUCT REMARK SUPPLIER QUANTITY DESCRIPTION COST NUMBER ACCOUNT No. ■ COST CENTRE CODE polycorborala AB5700 AA57 00. AABF 60 MAP! Tiso Handloo 5760 Standard Styly AA 11 54.95 AA 2210. Toplet Grame. 2210 coche 19.98 HFL018. Gelatur gellinger (temase) 450 MA 050

REQUISITIONED BY Print Name EXT. NO.

Signature)

APPROVED (BUDGET HOLDER)

(Signature)

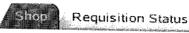
Please
Print Name

REQUISITION NO: 54385

Procurement

Return to Portal Sho





Receiving

Checkout

Shopping Cart

Delivery

Billing

Notes

Approvers

Review & Submit

Review and Submit Requisition

Please review your requisition carefully to verify that everything's OK.

• Ready to complete this transaction? Press the Submit button

Submit

Need to make corrections? Use your browser's Back button

Requisition 720

Total (GBP) 60.94

Created by 5LX WYATT, ELAINE
Creation Date 13-JUL-2006
Description Dressing 13-07-06
Note to Approver
Note to Buyer

Urgent Requisition **No**P-Card Number

Add Attachments Attention To

Type

Description

Items

To view all the information for a line item, click its View link.

		Line	Item Description	Unit	Quantity	Price	Total (GBP)
<u> </u>	/iew	1	BANDAGE TUBULAR 100% COTTON 20M ROLL SIZE 78 LARGE ADULT LIMBS COMFIGAUZ SHILOH Z786	EACH	1	5.174	5.17
<u> ∨</u>	/iew	2	BANDAGE COMPRESSION TYPE 3A LIGHT COMPRESSION 10CM X 8.7 METRE DRUG TARIFF K-PLUS PAREMA 781087 (PACK 16)	PACK 16	2	20.783	41.57
▶ <u>∨</u>	<u>′iew</u>	3	BANDAGE LIGHT SUPPORT TYPE 2 10CM X 4.5M DRUG TARIFF K-LITE PAREMA 771045 (PACK 16)	PACK 16	2	7.098	14.20
					Tota	l (GBP)	60.94

Clear Checkout Changes and Return to Shopping Cart

Submit

Supplies Department Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

APPROVED (BUDGET HOLDER)

(Signature)

Please

Print Name

East Hampshire
Primary Care Trust

Portsmouth City Teaching Primary Care Trust

Fareham and Gosport Primary Care Trust

Charnauds Ltd. PMP855

NON-STOCK REQUISITION

DATE 2	DEPT./HOSPITAL	alles C	FL	JIC	H	DE	ELIV	/ER	Y TO	0_				TI	RANSFER POINT						
FC													FOR SUPPLIES DEPARTMENT USE ONLY								
QUANTITY	DESCRIPTION	PRODUCT CODE	ACC		ACCO				ODE			VAT RECLAIMABLE Y/N	SUPPLIER	UNIT COST	ORDER NUMBER		REMARK				
2010	Complete Like Minister	1730	_	0	20) 2	2 5	7	20	9	1		Colyton			t.					
21-	Conclage tribute.	ESTA S	6										contrigain	6:08	E93 ECA 110						
dokt or	Bandage carpenia	781067											K-Plip	24.42							
ZOKE (OKIO)	Borrago Light Jupper	371943											K-Lile Parema.	8.34	ECA 10	0,					
	Bridge Liveral	6-187											technicist	13.24							
21	Same Line	6-26											CALLEDON R.	1524							
6	Mede Livings Lot					1							Jornos	4.50							
La	al mariallitie												5 + 4 1	4.50							
10	IV Admindration Det	21-034	0										Simon				1				
													5								
REQUISITIONED (Signature)	BY Print Name	Te et L	111		E	REQUISITIONED BY Print Name EXT. NO.															

Page 1 of 1

ORACLE

Return to Portal Sho

Programment

Checkout

Shopping Cart

Review and Submit Requisition

Please review your requisition carefully to verify that everything's OK.

Ready to complete this transaction? Press the Submit button

Submit

Need to make corrections? Use your browser's Back button

Requisition 770

Total (GBP) 11.02

Created by 5LX WYATT, ELAINE

Creation Date 21-JUL-2006

Urgent Requisition No P-Card Number

Description bandages daedalus 21-07-06

Note to Approver please approve

Note to Buyer

Add Attachments Attention To

Type

Description

Items

To view all the information for a line item, click its View link.

	Line	Item Description	Unit	Quantity	Price	Total (GBP)
<u> View</u>	1	BANDAGE CONFORMING TYPE 1 DRESSING RETENTION 15CM X 4 METRE DRUG TARIFF KNITTED K- BAND PAREMA 815040 (PACK 20)	PACK 20	2	3.813	7.63
▶ <u>View</u>	2	BANDAGE CONFORMING TYPE 1 DRESSING RETENTION 5CM X 4 METRE DRUG TARIFF KNITTED K- BAND PAREMA 810540 (PACK 20)	PACK 20	2	1.694	3.39

Clear Checkout Changes and Return to Shopping Cart

Submit

Total (GBP) 11.02

REMARK

Supplies Department Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

DESCRIPTION

NON-STOCK REQUISITION

East Hampshire Primary Care Trust
Portsmouth City Teaching Primary Care Trust
Fareham and Gosport
Primary Care Trust

DATE DEPT./HOSPITAL Lodglis **DELIVERY TO** TRANSFER POINT FOR SUPPLIES DEPARTMENT USE ONLY PRODUCT ACCOUNTING CODE ORDER

QUANTITY	DESCRIPTION	CODE	ACCOUNT No.	COST CENTRE	RECLAIMABLE SUPPLIER	COST	NUMBER	REMARK
200	Bridge.	811040			Porema	2.98 CPK	EDBOHO	
2.40	Bondoser M.	8 5040	06		K-Bord Poema	2.98 Cpr	E 0 8 3 3 4	
2	Borres Stone Was	Permit			W- W		ECH 110.	
Like - L	Commence I can Dante	310	CK		K-HIS	3.	ESA 100.	
		6-7-7						
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	Please	COLV	TEKSON					

REQUISITIONED BY (Signature) APPROVED (BUDGET HOLDER) (Signature)

Print Name

EXT. NO.

Please Print Name REQUISITION NO:

54384

Supplies Department Unit 18 **Solent Industrial Estate** Hedge End Southampton SO30 2FY Tel: 01489 779600

NON-STOCK REQUISITION

East Hampshire Primary Care Trust
Portsmouth City Teaching Primary Care Trust
Fareham and Gosport
Primary Care Trust

DATE	DEPT./HOSPITAL GOM			_ [DELIV	/ERY	TO_		TRANSFER POINT									
											FOR SUPPLIES DEPARTMENT USE ONLY							
QUANTITY	DESCRIPTION	PRODUCT CODE	ACC	AC		JNTIN		DE ENTRE		VAT RECLAIMABLE Y/N	SUPPLIER	UNIT	ORDER NUMBER	REMARK				
\$0	Grase by Ivacomus sol	21-0346										3.18	F5 B392					
2 box	Flocare 500 Entral ready Splin.	35147										3,29	FSC019.					
box	Flociare container llip	35724									+ 1	1.87 ext.						
12 buck	Flociare container His	404626										3,29	VST007					
2 pts	Wister	035										720						
2pks	Wisland	GDW 636								à		7,20						
2 AKS	wislowe	9040										720	74					
								9										
_																		
		4																
	Please	TOOLV	- K	200	-													

EXT. NO. REQUISITIONED BY Print Name (Signature)

APPROVED (BUDGET HOLDER) Please Print Name

REQUISITION NO: 54387

Fareham and Gosport MFS



Primary Care Trust

NON-STOCK REQUISITION

Unit 18 ---Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

REQUISITION NO: 61491

Charnauds Ltd. PMP0857

DATE 20/08/06 DEPT./HOSPITAL CWMH DELIVERY TO TRANSFER POINT 4371 FOR SUPPLIES DEPARTMENT USE ONLY

QUANTITY	DESCRIPTION	PRODUCT CODE	AC	COUN	ACC VT N	OUI lo.	NTIN	NG C	ODI	E VTRE		VAT RECLAIMABLE Y/N	SUPPLIER	UNIT	ORDER NUMBER	REMARK
2 x boxes	Solici Col Disperbie?	9.)	3	6	5	1 1	= 0	4 4	+ 1	2 7	7	113	Philips *	-(_ 1		
	Electronia	13943B												1 6 3	000	
													X ×	20	69	
													=>	090	V1 11 0	
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		7										188			0.49	
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Please

Please

Print Name

REQUISITIONED BY

APPROVED (BUDGET HOLDER)

(Signature)

(Signature)

Fareham and Gosport NHS



Primary Care Trust

NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

DATE 10/	DEPT./HOSPITAL GUN	nH		D	ELIVER	RY TO_					RANSFER POINT 4	371
QUANTITY	DESCRIPTION	PRODUCT CODE	PRODUCT ACCOUNTING CODE						SUPPLIER SUPPLIER	UNIT	ORDER NUMBER	REMARK
Doad	Pillpress - single		363	51	FAC	427	7		Pill Press		\$1.25 erch	
	7										plus post +	
-	gas solling			H	.71						prokeging	
	Place send chaque 1/2											
	prycible to REXCOM Euro	pe utd										
-								3				×
-	Achlos : Reacon Europe L	tcl									The in-	
	Cupenhan Lone										333	
-	Romsey Sost 7JF				- 1							
												-

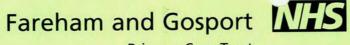
REQUISITIONED BY (Signature) APPROVED (BUDGET HOLDER) (Cignature)

Please **Print Name**

EXT. NO. 2218

Please

REQUISITION NO: 61490



NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

REQUISITION NO: 61489

Charnauds Ltd. PMP0857

DATE 08/08/06 DEPT./HOSPITAL CLUMF! DELIVERY TO Deach TRANSFER POINT 4371

FOR SUPPLIES DEPARTMENT USE ONLY RECLAIMABLE Y/N PRODUCT UNIT ORDER ACCOUNTING CODE SUPPLIER REMARK DESCRIPTION QUANTITY CODE COST CENTRE COST NUMBER ACCOUNT No. ■ mpp B8011 Please

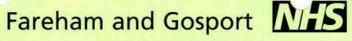
REQUISITIONED BY

APPROVED (BUDGET HOLDER)

(Signature)

(Signature)

Print Name





NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

DATE 10/11/05 DEPT./HOSPITAL DELIVERY TO Decolute TRANSFER POINT FOR CURRILEC DEPARTMENT LICE ONLY

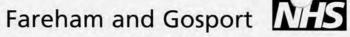
		FOR SU	IPPLIES DEPA	RIMEN	T USE ONLY								
QUANTITY				ACCO INT No.			DE ENTRE		VAT RECLAIMABLE Y/N	SUPPLIER	UNIT COST	ORDER NUMBER	REMARK
1 pck	Urine drainage tod	CDW035	36	51	-	44	27	7		Ordeeve	7.20		
	holder (Small)											7	
1 pck	Urine drawing leg bag	CD0086											
	1-11- (2010)	-											
Ipck	Wrine dictings leg lang	Cp20040											
	holder (longe)												
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		in the second											
	Please			FY	TNO	00	10-						

REQUISITIONED BY

(Signature) APPROVED (BUDGET HOLDER) (Signature)

Print Name

Please **Print Name** REQUISITION NO:





Solent Industrial Estate Hedge End

Unit 18

Southampton SO30 2FY SILLY Tel: 01489 779600

NON-STOCK REQUISITION

DATE 04/11/05 DEPT./HOSPITAL GUMFI DELIVERY TO Docadalos Word TRANSFER POINT / FOR SUPPLIES DEPARTMENT USE ONLY VAT RECLAIMABLE Y/N **PRODUCT** ACCOUNTING CODE UNIT ORDER QUANTITY DESCRIPTION SUPPLIER REMARK CODE ACCOUNT No. ■ COST CENTRE COST NUMBER F44277

REQUISITIONED BY (Signature) APPROVED (BUDGET HOLDER) (Signature)

EXT. NO. 2018

REQUISITION NO: 61487

Fareham and Gosport MAS



Primary Care Trust

NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

DATE 04/11/05 DEPT./HOSPITAL GLOWN DELIVERY TO Dradalos Wire TRANSFER POINT

FOR SUPPLIES DEPARTMENT USE ONLY PRODUCT ACCOUNTING CODE VAT RECLAIMABLE UNIT ORDER QUANTITY DESCRIPTION SUPPLIER REMARK CODE ACCOUNT No. ■ COST CENTRE COST NUMBER Nepheu

REQUISITIONED BY (Signature) APPROVED (BUDGET HOLDER)

Print Name

REQUISITION NO: 61487

Fareham and Gosport NFS

Primary Care Trust

NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

DATE ユム/	69/65 DEPT./HOSPITAL QUON	1-1			[DEL	IVEF	RY T	o	Doed	dos los	<u>J</u> T	RANSFER POINT_	4519
				٠	٠					• • • • • • • • • • • • • • • • • • • •	JPPLIES DEPA			
QUANTITY	DESCRIPTION	PRODUCT CODE	ACC					CEN		VAT RECLAIMABLE Y/N	SUPPLIER	UNIT COST	ORDER NUMBER	REMARK
_1	Section Machine	760010	1	-					1		LAEDRAL			
	Price \$595 VAT	·	6	7 4	+1	T	7	1 6	26					
· .	EXEMPTION FORM													
	ATTACHED													
	ME ATTACHED													
· , 	TO BE DELIVERED TO													
	CLINICAL ENGINEERING													
	ST MARYS HOSPETAL					٠								
	PORTSMOUTH										•			
-														
														
	Please													

EXT. NO. 2218

REQUISITIONED BY (Signature)

APPROVED (BUDGET HOLDER)
(Signature)

Sauve Please Print Na

ıme A

Print Name

Jamer

REQUISITION NO: 6148



ORDERING OF NON-DISPOSABLE MEDICAL EQUIPMENT

(ME FORMS)

PLEASE ENSURE THAT SECTIONS A, B (if appropriate), C AND D OF THIS FORM ARE <u>FULLY COMPLETED.</u>

THE ORIGINAL NON-STOCK REQUISITION AND THE ORIGINAL ME FORM SHOULD THEN BE SENT TO NHS SUPPLIES.

A COPY OF THE ME FORM MUST BE SENT TO:

Nicky Heyworth
Clinical Governance Manager
Fareham and Gosport PCT,
Fareham Reach,
Gosport,
PO13 OFH
Tel: 01329 229409

And also to the Department that will be responsible for maintaining the equipment



REQUEST FOR THE SUPPLY OF NON-DISPOSABLE MEDICAL EQUIPMENT (ADDITIONAL OR REPLACEMENT)

SECTION (A) - THIS SECTION MUST ALWAYS BE COMPLETED

(1)	Please give details of the additional or replacement equipment to be purchased:
	Name/description of equipment Section Mechine
	Manufacturer/model no./catalogue no 7800 10
	Suggested supplier Lackral
	Proposed location of equipment DAEDALUS LUARD , CLUMH
	Name of Manager who will be responsible for the equipment
	Quantity required 1 Unit price (inc. VAT) 5.595. Total price (inc. VAT) 5.595
(2)	Does the equipment comply with the appropriate MESG (Medical Equipment Standards Group) Policy? (Please refer to your manager if you are unsure)
	YES () YOU MUST QUOTE THE MESG POLICY NO. HERE (🔏 .)
	NONE APPLIES ()
(3)	Is the equipment a replacement?
	YES (; Please complete Sections (B) and (C)
	NO (Please complete Section (C) only
SECT	ON (B) - TO BE COMPLETED FOR REPLACEMENT EQUIPMENT ONLY
(1)	This item replaces: (Description of equipment)
	Manufacturer/Model No
(2)	Has the item been condemned?
	YES () Please given condemned certificate no
	NO () Please explain why this equipment needs to be replaced

	Please explain the affects of non-replacement on patient care	
(3)	Please detail how the existing equipment will be disposed of	***************************************
	general section of the section of th	e e March - the sum of
SEC	TION (C) – THIS SECTION MUST ALWAYS BE COMPLETED	
(1)	FUNDING	
	Please highlight the source of funding: Budget / Trust Fund / Non	-Recurring / Donation
	Please give the <u>full</u> financial code against which this order is to be p	blaced
	6741 = 71026	
(2)	MAINTENANCE (Maintenance is currently charged at 7% of the	purchase price)
	Who will be responsible for maintaining the equipment? (Please re Maintenance section in the appropriate MESG Policy)	fer to the
		Cost per annum
	Clinical Engineering Section (Portsmouth Hospitals NHS Trust)	£ 41.65
	Works Department (Portsmouth City PCT, St. James Hospital)	£
	Works Department (Portsmouth Hospitals NHS Trust)	£
	Please give the <u>full</u> financial code against which the cost of servicing charged. If the equipment is being donated or is already on site you budget code for servicing/maintenance	need to identify a
	No routine safety and/or performance testing is required (please tick	if appropriate) ()
	Please state reason why	•••••
(3)	DECONTAMINATION AND STERILISATION	
	Are there parts of the equipment which must be cleaned and decontar after use?	minated before and/or
	YES (NO () If yes, please specify which parts	
	Are there parts of the equipment which must be cleaned and disinfect routine servicing/maintenance in accordance with HN(87)NH(FP)87	ted/sterilised before 35)?
	YES () NO () If yes, please specify which parts	
	Please specify which methods of cleaning and disinfection/sterilisation. The Control Control	on will be used

	Have the operational implications of disinfection/sterilisation (eg, cost/turn around time) been assessed and appropriate resources allocated? YES () NO ()
(2	4) OTHER RELATED COSTS
	Please specify any other related costs, eg, pre-installation/running costs/other
<u>S</u>]	ECTION (D) – THIS SECTION MUST ALWAYS BE COMPLETED
(1	DELIVERY OF EQUIPMENT
	All equipment must be delivered to the relevant maintenance department, where it will be checked and properly commissioned for use prior to installation. Please tick which department the equipment should be delivered to:
	Clinical Engineering Section (Portsmouth Hospitals NHS Trust)
	Works Department (Portsmouth City-PCT, St James Hospital)
	Works Department (Portsmouth Hospitals NHS Trust)
(2)	NON-STOCK REQUISITION FORM Number 61486
(3)	CONTACT NAME (usually the person completing the form)
	Name Teresa John Base DAEDALUS W.D. Tel No.0239260 3218
On	nce you have completed the above details, please forward this form together with the non-stock quisition form to your Service Manager
(4)	TO BE COMPLETED BY THE SERVICE MANAGER
	I am satisfied that the above request meets the criteria for purchase and that this purchase has been evaluated to ensure it represents a cost effective option advice from relevant advisers has been sought appropriate storage facilities are available appropriate planned preventative maintenance has been established and will be be recorded methods of cleaning/decontamination have been established instruction manuals will be available to all users user training has been organised and will be recorded this item will be subject to appropriate acceptance and pre use checks
	Signed Ascause Name Assured Date 16/9/05.
One	ce signed please attach this form to the non-stock requisition form and send on to:
	NHS Supplies
b)	The relevant NHS Maintenance Department
	nical Engineering
	tsmouth City PCT Estates
ror	tsmouth Hospital Works
c)	Nicky Heyworth, Clinical Governance Manager, Fareham and Gosport PCT, Fareham Reach, Gosport, PO13 0FH (tel. 01329 229409)

VAT DECLARATION FORM

1 In Scannell	(full name)
Modern Matron	(status in organisation)
GOSPORT YORR MEMORIAL	(department in organisation)
of Book ROAD	
COSPOCT	
PO-12 3PW	(name and address of organisation)
declare that the above named organisation is buying	from
LAEDRAL	
(nam	e and address of supplier)
the following goods or services	
SUCTION MACHINE	
(desc	cription of goods or services)
with order number	
and is paying for this supply with funds provided entir	ely by a charity or from voluntary contributions
I also declare that the goods are to be used solely in	medical research, diagnosis or treatment.*
I claim that the supply is eligible for relief from Value	Added Tax under Group 16 of the Zero Rate
Schedule to the Value Added Tax Act 1983.	, and an
(
AScamer (sight	ature)
	name)
16 (9 (05 (date	numo)
(uale	`
•	

MRBOZZ > Stock.

Fareham and Gosport NFS



Primary Care Trust

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

NON-STOCK REQUISITION

QUANTITY	DESCRIPTION	PRODUCT CODE	AC	COUN	CCO IT No.	UNT	ING COS	COL	E NTRE		VAT RECLAIMABLE Y/N	SUPPLIER	UNIT	ORDER NUMBER	REMARI
24 each	Porell Hygienic Hord Rub 350mls	?	3	65	1	F	4	45	27			3020			
	Hord Rub 350 mls		/	1		L	Н	4	1			Indostriàs			
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Charnauds Ltd. PMP0857

MRBOZZ > Stock.

Fareham and Gosport NFS



Primary Care Trust

NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

DATE 07	balos DEPT./HOSPITAL Guar	m H			_ [DELI	VEF	RY TO	o	Dec FOR SI	Iculas (T	DTMEN	RANSFER POINT	+371
QUANTITY	QUANTITY DESCRIPTION PRODUCT ACCOUNT NO.									VAT RECLAIMABLE Y/N	SUPPLIER	UNIT COST	ORDER NUMBER	REMARK
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	Porell Hygienic Hand Rub 350mls			2						/	Industries			
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		and the same		-	1		4							
	Comments or control			Ti		75							1	
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	The state of the s						4							
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-					-					1200	w)	- t		
REQUISITIONED (Signature)	BY Please Print Name Please Print Name	75	me:	5	EXT	r. NO.	22	218	5_				REQUISITION NO: 61	1485

(Signature)

Please **Print Name**

Sending Confirm

Date: 31-AUG-2005 WED 11:24 Name: DAEDALUS WARD

Tel.: 023 9260 3309

Phone : 901489781779
Pages : 2/2
Start Time : 08-31 11:23
Elapsed Time : 00'46"
Mode : ECM
Result : 0k

Fareham and Gosport MHS



FOR SUPPLIES DEPARTMENT USE ONLY

Primary Care Trust

11/8/05

NON-STOCK REQUISITION

DEPT./HOSPITAL JAEDALUS WARD GWMH DELIVERY TO

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

QUANTITY	DESCRIPTION	PRODUCT CODE	ACCOL			NTIN	NG C	ODE	TRE		VAT RECLAIMABLE Y/N	SUPPLIER	UNIT COST	ORDER NUMBER	REMARK
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	0														
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REQUISITIONED BY

(Signature) APPROVED (BUDGET HOLDER) (Signature)

REQUISITION NO:

Fareham and Gosport NHS

11/8/05

Primary Care Trust

NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

TRANSFER POINT 4 37/ FOR SUPPLIES DEPARTMENT USE ONLY

PRODUCT ACCOUNTING CODE **ORDER** VAT RECLAIMABLE UNIT SUPPLIER REMARK QUANTITY DESCRIPTION CODE ACCOUNT No. COST NUMBER COST CENTRE SHARPSAFE 24L FS1308

REQUISITIONED BY (Signature)

APPROVED (BUDGET HOLDER) (Signature)

DATE 31/5/05 DEPT./HOSPITAL NAED ALUS WARD GWMH DELIVERY TO

REQUISITION NO: 61478

Sending Confirm

Date: 11-AUG-2005 THU 15:22

Name : DAEDALUS WARD Tel.: 023 9260 3309

Phone : 901489779600
Pages : 0/1
Start Time : 08-11 15:21
Elapsed Time : 00'00"
Mode : ECM
Result : No Answer

Fareham and Gosport NFS

Primary Care Trust

NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

DATE 24	DEPT./HOSPITAL GUO	OH		[DELI	VER	Y TO	1	rack	ulus Word	<u></u>	RANSFER POINT	4371
									FOR SU	PPLIES DEPA	RTMEN	T USE ONLY	
QUANTITY	DESCRIPTION	PRODUCT CODE	ACCOUN	CCOL			DDE	E	VAT RECLAIMABLE Y/N	SUPPLIER	UNIT	ORDER NUMBER	REMARK
12	Carelile Filing Pockets	C/3/F/	365	51	F	4 4	2	77		Hospital			
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	Title holders								6	(Bristal mais			
24	Full width sholl for	SAC/FS/							1				
	SAC/413/B								3	coole			
								-	pole	er to traffer	0		
					528	Ries	- 00	5 08	point.	h ~	enescul		
	Note:								15	back			~
	Date: Soxont back on 3/10/25 b transfer point as jeques	ed e					2	200	3631	,017			
	by coole in Supplies -	t .				-							
	no uplight number readed												
	10/10/05 rang Bristed mail												
	0 10 10101 n has T38245	C											

Please REQUISITIONED BY **Print Name** (Signature) APPROVED (BUDGET HOLDER) Print Name (Signature)

REQUISITION NO: 61484

Fareham and Gosport MHS

Primary Care Trust

NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

DATE	1/08/SDEPT./HOSPITAL GUO	mH			DE	LIVE	ERY	то_						371
	5									FOR SU	PPLIES DEPA	RTMEN	T USE ONLY	
QUANTITY	DESCRIPTION	PRODUCT CODE	JCT ACCOUNTING CODE ACCOUNT No. COST CENTRE							VAT RECLAIMABLE Y/N	SUPPLIER	UNIT	ORDER NUMBER	REMARK
2	Mastray Stocking	C30974	36	51	_ 1	= 4	4	27	7			46.50		
	(to:lef sect + freme)				1	4								
	(NRS Supplies)	Committee of the commit	de la company		1					3				
1	Mowbrey extra wide	931000	and the same							11 = 1				
	Mowbrey extra wide (to let sect + grane) (NRS Supplies													
	(NRS Supplies	Special and a property of												
				Charleson of the Charle										
		U												
														*

REQUISITIONED BY (Signature) APPROVED (BUDGET HOLDER) (Signature)

Please **Print Name**

EXT. NO. 2218

Please Print Name REQUISITION NO: 61483

Fareham and Gosport MIS



Primary Care Trust

NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

_ DEPT./HOSPITAL_GWMH DELIVERY TO DACDALUS TRANSFER POINT 437 EOD CUIDDLIES DEDARTMENT LISE ONLY

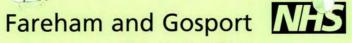
									FOR SU	IPPLIES DEPA	RIMEN	IT USE ONLY	
QUANTITY	DESCRIPTION	PRODUCT CODE		ACCO DUNT No		TING C	ODE CENTRE		VAT RECLAIMABLE Y/N	SUPPLIER	UNIT	ORDER NUMBER	REMARK
2 boxes	Combinesive Nation -		36	51	F	- 4	727	7		Convited			
	two-piece Ostony System									0			
	(Order number (\$7402)									11/4			
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										3			-5
													N. N. Carlot
-	Please												

REQUISITIONED BY (Signature) APPROVED (BUDGET HOLDER) (Signature)

Print Name

Please **Print Name**

REQUISITION NO: 61482



NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

JAIE.	2/20/2	DEF 1./HOSFITAL	9001111	DELIVERIN TO_		EPARTMENT USE ONLY
ATE	22/4/55	DEPT./HOSPITAL_	CISMH	DELIVERY TO	Dorland	TRANSFER POINT 4371

1								1			TON 30	FOR SUPPLIES DEPARTMENT USE ONLY				
QUANTITY	DESCRIPTION	PRODUCT CODE	ACC	DA TNUC	CCOL TNo.	JNT	ING COS	COI T CE	DE ENTRE		VAT RECLAIMABLE Y/N	SUPPLIER	UNIT COST	ORDER NUMBER	REMARK	
	multigit bebulizer		36	5	1	F	4	4	2 ;	z 7		ROSCH				
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	(Red 922820)							A. Mariello								
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REQUISITIONED BY (Signature) APPROVED (BUDGET HOLDER) (Signature)

Please

Print Name Print Name

EXT. NO. 2018

REQUISITION NO: 61481

Fareham and Gosport NIS



Primary Care Trust

NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

DATE 14/66/65 DE	PT./HOSPITAL	GwmH	DELIVERY TO	Dreckelus	TRANSFER POINT_	4371
				FOR SUPPLIES DEF	PARTMENT USE ONLY	

QUANTITY	DESCRIPTION	PRODUCT CODE	ACC	AC DUNT	No.	INTIL	NG C	CENT	TRE		VAT RECLAIMABLE Y/N	SUPPLIER	UNIT COST	ORDER NUMBER	REMARK
2 Ricks	Orine 3 drange beg	9Dw035	36	5	1	1	4	4 2	7	7		Vriskere	7.20		
	holder (small)														
a Packs	Urine Drawing Ley														
	Reg Hotler (medium)	900036									-	1.1	L		
afactos	Drine Draining Leg													1	+
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	0	,													
	V -						-								
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	7	7											4		
			4												
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REQUISITIONED BY (Signature) APPROVED (BUDGET HOLDER) (Signature)

Please **Print Name** Please

Print Name

REQUISITION NO: 61480



Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

REQUISITION NO: 61479

Charnauds Ltd. PMP0857

Unit 18

NON-STOCK REQUISITION

DATE 99/06/05 DEPT./HOSPITAL_	Hrowt	DELIVERY TO_	Deedalus	PARTMENT LISE ONLY	4571
	C 11	55111551150	7 11-	TRANSFER POINT	11371

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QUANTITY	DESCRIPTION	PRODUCT CODE	ACCOUNT No.	NTING CODE COST CENTRE	VAT RECLAIMABLE Y/N	SUPPLIER	UNIT COST	ORDER NUMBER	REMARK
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	m ///								
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					1				
-	Please -			NO 8010					

Print Name

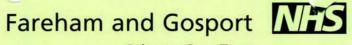
Print Name

Please

REQUISITIONED BY

APPROVED (BUDGET HOLDER)

(Signature)



NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

REQUISITION NO: 61477

Charnauds Ltd. PMP0857

FOR SUPPLIES DEPARTMENT USE ONLY

DATE	28/04/	SDEPT./HOSPITAL	How	DELIVERY TO Deadales	TRANSFER POINT_	4371
DAIL	00/-1/	ODEL I./IIOOI IIAL	100.111	DELIVEITI 10	THAINOI ETTT OHVI	101

QUANTITY	DESCRIPTION	PRODUCT CODE	AC	CCOU			VTIN C	NG C	CEN	TRE		VAT RECLAIMABLE Y/N	SUPPLIER	UNIT		RDER JMBER	REMARK
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	ECG'S	24				100		7									
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								2 4	2								
								S. Carrier	2								
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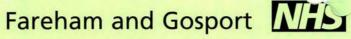
Please Print Name

Print Name

REQUISITIONED BY

APPROVED (BUDGET HOLDER)

(Signature)





FOR SUPPLIES DEPARTMENT USE ONLY

Primary Care Trust

NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

TRANSFER POINT 4371 DATE 2164/05 DEPT./HOSPITAL GUONH DELIVERY TO DOCCO

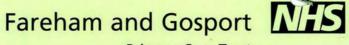
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QUANTITY	DESCRIPTION	PRODUCT CODE	ACC	AC OUNT	CCO T No.	UN	TING	COI ST CE	DE ENTR	E	VAT RECLAIMABLE Y/N	SUPPLIER	UNIT	ORDER NUMBER	REMARK
50	IV Admin Set		31	5	1	F	4	4	2	7 7					
	IV Admin Set 5911-0829 Graseby					L								72	
	0 0					L									
	ż											**			
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Service Servic															
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REQUISITIONED BY (Signature) APPROVED (BUDGET HOLDER) (Signature)

Please **Print Name** Please

Print Name

REQUISITION NO: 61476





NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

TRANSFER POINT 4371 DELIVERY TO Deech los

FOR SUPPLIES DEPARTMENT USE ONLY **PRODUCT** ACCOUNTING CODE VAT RECLAIMABLE Y/N UNIT **ORDER** SUPPLIER REMARK DESCRIPTION QUANTITY ACCOUNT No. COST CENTRE COST NUMBER CODE

REQUISITIONED BY APPROVED (BUDGET HOLDER) (Signature)

1 / 10:11

DATE 19/04/55 DEPT./HOSPITAL GWMH

Please **Print Name**

Print Name

REQUISITION NO: 61475

Fareham and Gosport NHS

Primary Care Trust

NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

									FOR SU	PPLIES DEPA	RTMENT	USE ONLY	
QUANTITY	DESCRIPTION	PRODUCT CODE	ACCC				CODE T CEN		VAT RECLAIMABLE Y/N	SUPPLIER	UNIT COST	ORDER NUMBER	REMAR
10ach	IV Administration St		3	65	1 =	- 4	4 2	77		Groseby			
	(How) Ref 591.082)				4					U			
	cale XH-0006-2760-9,80-	591	H		+	+							-
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	orgent												
			H	+	+								
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				H									-
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REQUISITIONED BY (Signature) APPROVED (BUDGET HOLDER) (Signature)

Please

Please

Print Name

REQUISITION NO: 61474

CET 214371

Fareham and Gosport NHS



Primary Care Trust

NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

DATE 57 DEPT./HOSPITAL Magricon Russi H DELIVERY TO DADOBOLOGIO TRANSFER POINT 14374

FOR SUPPLIES DEPARTMENT USE ONLY PRODUCT ACCOUNTING CODE VAT RECLAIMABLE UNIT **ORDER** SUPPLIER REMARK DESCRIPTION QUANTITY ACCOUNT No. COST CENTRE COST NUMBER CODE touch wepchinistrubentet Graseby Red 591.0825 15 10 XH-10005 - 2760-11 8C-591 Urgent

REQUISITIONED BY (Signature) APPROVED (BUDGET HOLDER) (Signature)

Print Name

EXT. NO.

REQUISITION NO: 61474

Sending Confirm

Date: 18-FEB-2005 FRI 13:41 Name: DAEDALUS WARD Tel.: 023 9260 3309

Phone : 901773724219
Pages : 1/1
Start Time : 02-18 13:39
Elapsed Time : 00'24"
Mode : ECM
Result : 0k

DEQ 214371

Fareham and Gosport MFS



Primary Care Trust

NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

DATE 14. 205 DEPT./HOSPITALDREDALUS QUENT DELIVERY TO DAEDALUS TRANSFER POINT 4371 FOR SUPPLIES DEPARTMENT USE ONLY **ORDER** VAT RECLAIMABLE Y/N UNIT PRODUCT ACCOUNTING CODE REMARK SUPPLIER QUANTITY DESCRIPTION NUMBER COST CENTRE COST CODE ACCOUNT No. ■ B18021 F442 2 hard TECNOL . THE LITE ONE SURGICAL MASK ARYNGETOMY PROTECTORS LARCE

REQUISITIONED BY APPROVED (BUDGET HOLDER) (Signature)

EXT. NO. 2218

REQUISITION NO: 61473

DEQ 214371

Fareham and Gosport NHS



Primary Care Trust

NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

TRANSFER POINT 4371

DEPT./HOSPITAL DAEDALUS GWNH DELIVERY TO DAEDALUS FOR SUPPLIES DEPARTMENT USE ONLY

QUANTITY	DESCRIPTION	PRODUCT CODE	AC	COU			NG (COD	DE NTRI	E		VAT RECLAIMABLE Y/N	SUPPLIER	UNIT	ORDER NUMBER	REMARK
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	LARYNCHOMY PROTECTORS										-					
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REQUISITIONED BY (Signature) APPROVED (BUDGET HOLDER) (Signature)

Please Print Name

EXT. NO. 2218

Please

REQUISITION NO: 61473

Sending Confirm

Date : 17-FEB-2005 THU 12:12 Name : DAEDALUS WARD Tel. : 023 9260 3309

Phone : 901489781779
Pages : 3/3
Start Time : 02-17 12:08
Elapsed Time : 00'55"
Mode : ECM
Result : 0k

Lax 10 9. 01775 724219.

Fareham and Gosport NFS

Primary Care Trust

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

REQUISITION NO: 61472

Charnauds Ltd. PMP0857

NON-STOCK REQUISITION

			PRODUCT		۸٥	COLI	NITINIC	GCOD)E		VAT		UNIT	ORDER	1000000
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Ser	Protectors	(Lorge)	pot					Н							
		0	Nam		\perp		4		4						
1 pox	please				+	H	+	H							
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				H	+	Н	+	H	+	+					
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				H				H	+	H					
				H	+	H		H	+	H					
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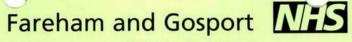
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APPROVED (BUDGET HOLDER)

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ChamH

Please

Print Name

DATE 17/52/55 DEPT./HOSPITAL

REQUISITIONED BY

APPROVED (BUDGET HOLDER)

(Signature)

(Signature)

Primary Care Trust

NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

REQUISITION NO: 61472

Charnauds Ltd. PMP0857

DELIVERY TO Doctolos TRANSFER POINT 4371

FOR SUPPLIES DEPARTMENT USE ONLY ORDER PRODUCT ACCOUNTING CODE VAT RECLAIMABLE UNIT SUPPLIER REMARK QUANTITY DESCRIPTION ACCOUNT No. ■ COST NUMBER CODE COST CENTRE NOT

Sending Confirm

Date : 11-FEB-2005 FRI 09:22 Name : DAEDALUS WARD Tel. : 023 9260 3309

Phone : 901489781779
Pages : 2/2
Start Time : 02-11 09:21
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Mode : ECM
Result : Ok

Profeses Hayley 01489 779602.

Fareham and Gosport **MHS**

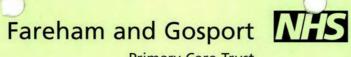


Primary Care Trust

NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

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NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

DELIVERY TO Deedclus

			7								FOR SU	IPPLIES DEPA	RTMEN	T USE ONLY	
QUANTITY	DESCRIPTION	PRODUCT CODE	ACCC			JNTIN C	IG CO				VAT RECLAIMABLE Y/N	SUPPLIER	UNIT	ORDER NUMBER	REMARK
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DATE 11 60/55 DEPT./HOSPITAL

Print Name

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Print Name

Gwant

J. LUMSDEN

REQUISITION NO: 61471

Fareham and Gosport MFS



Primary Care Trust

NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

07/02/05 DELIVERY TO Doedal TRANSFER POINT 4-371 DEPT./HOSPITAL FOR SUPPLIES DEPARTMENT USE ONLY

QUANTITY	DESCRIPTION	PRODUCT CODE	A	ACCC	A NUC	CCC T No	OUI D.	NTII	NG COS	CO	DE	RE		VAT RECLAIMABLE Y/N	SUPPLIER	UNIT	OF NU	RDER MBER	REMARK
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	code /c this tem											*	24		*				
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REQUISITION NO: 61470

Fareham and Gosport



Primary Care Trust

NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

REQUISITION NO: 61469

Charnauds Ltd. PMP0857

DATE 2	DEPT./HOSPITAL GW	~ H	1		DE	LIVE	ERY	TO_						4371
		PRODUCT		ACCC	DUN	TING	COL	DE			IPPLIES DEPA	UNIT	ORDER	DEMARK
QUANTITY	DESCRIPTION	CODE	ACCO	UNT No				NTRE		VAT RECLAIMABLE Y/N	SUPPLIER	COST	NUMBER	REMARK
2	Slipper Beclan Strebe	l	36	51	F	*	4	27	7 7		James			
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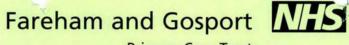
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NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

DATE 23. 12 ON DEPT./HOSPITAL GEORGIA WAR METALLIPELIVERY TO DAEDAW TRANSFER POINT 4371

FOR SUPPLIES DEPARTMENT USE ONLY PRODUCT ACCOUNTING CODE VAT RECLAIMABLE UNIT ORDER QUANTITY DESCRIPTION SUPPLIER REMARK CODE ACCOUNT No. ■ COST CENTRE COST NUMBER ADAPTOR PLUG 55761

REQUISITIONED BY (Signature) APPROVED (BUDGET HOLDER)

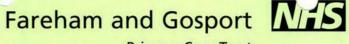
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Print Name 1. CRAWANO

EXT. NO. 2218.

Please JUMPUMPO. Print Name

REQUISITION NO: 61468



DATE 07/12 /04 DEPT./HOSPITAL_

REQUISITIONED BY

APPROVED (BUDGET HOLDER)

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Print Name

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DELIVERY TO Dradalus Word

Primary Care Trust

NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

TRANSFER POINT 4371

REQUISITION NO: 61467

Charnauds Ltd. PMP0857

FOR SUPPLIES DEPARTMENT USE ONLY **PRODUCT** ACCOUNTING CODE VAT RECLAIMABLE UNIT ORDER SUPPLIER REMARK QUANTITY DESCRIPTION CODE ACCOUNT No. COST CENTRE COST NUMBER Jasely PS-

EXT. NO. 22-18-

CHENNAS.

Portsmouth Hospitals



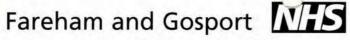
NHS Trust

Supplies Department Tel: (01489) 779600 Fax:

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY

FROM	QUPPLLES,
то	
DATE	······································
REQUES	T FOR REQUISITION INFORMATION
Re: Stack	non stock requisition Number 6 (465
Please fine reason(s):	d enclosed your requisition, which has been returned for the following
IJ	insufficient information on item(s).
[]	no authorised Budget Holder/Manager signature.
[]	signatory not authorised for this requisition point/cost centre.
[]	an accounting code is required.
[]	unable to read/identify signature. Please print name.
U	accounting code invalid. Please refer to your management account.
[]	authorisation required to raise cheque with order.
[]	item(s) requested is available via NHS Supplies Depot. On this occasion your requirement has been transferred to a stock requisition. For future reference the appropriate stock code is:
[]	the item(s) requested against the above are no longer stock items. Please submit a non-stock requisition.
[]	other
Please cor	mplete the relevant information and return to the above address for the attention
	Print name) s possible.
١٨٨	

Many Thanks





Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

REQUISITION NO: 61465

Chamauds Ltd. PMP0857

NON-STOCK REQUISITION

		T					-				PPLIES DEP			
QUANTITY	DESCRIPTION	PRODUCT CODE	ACC			INTIN		ODE	RE	VAT RECLAIMABLE Y/N	SUPPLIER	COST	ORDER NUMBER	REMARK
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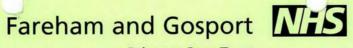
(Signature)

(Signature)

Print Name

Please Print Name

29 OCT 2004



NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

DATE 26/11/64 DEPT./HOSPITAL COMH	DELIVERY TO_	Drakulis	Word	_ TRANSFER POINT_	4371
		FOR SUPPLIES	DEPARTM	MENT USE ONLY	

QUANTITY	DESCRIPTION	PRODUCT CODE	ACC	AC OUN	CCO T No.	UNT	TING COS	CODI T CEN	E VTRE		VAT RECLAIMABLE Y/N	SUPPLIER	UNIT COST	ORDER NUMBER	REMARK
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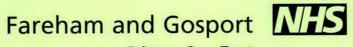
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APPROVED (BUDGET HOLDER) (Signature)

Please

Print Name

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REQUISITION NO: 61466



NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

REQUISITION NO: 61464

Charnauds Ltd. PMP0857

DATE 21	40/04 DEPT./HOSPITAL GUO	nH		THE 21/10/04 DEPT./HOSPITAL GUONH DELIVERY TO I												
											FOR SU	PPLIES DEPA	RTMEN	T USE ONLY		
QUANTITY	DESCRIPTION	PRODUCT CODE	ACC		CCO IT No.				E		VAT RECLAIMABLE Y/N	SUPPLIER	UNIT	ORDER NUMBER	REMARK	
26xs	Vernoi Coire Gel	45 cm 450	3	63	51	F	4	42	7	7		Verna Care				
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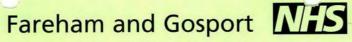
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REQUISITIONED BY

APPROVED (BUDGET HOLDER)

(Signature)



NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

REQUISITION NO: 61463

Charnauds Ltd. PMP0857

DATE 14/10/04	DEPT./HOSPITAL	Gwmtl	DELIVERY TO_	Drechlos	Word	_ TRANSFER POINT_	4371
		11		FOR SUPPLIE	S DEPARTM	IENT USE ONLY	

QUANTITY	DESCRIPTION	PRODUCT CODE	ACCOL	ACCO JNT No.		ING C	CENT	TRE	VAT RECLAIMABLE Y/N	SUPPLIER	UNIT	ORDER NUMBER	REMARK
4	Physio-control Quik-comb	11996	36	51	F	4	+2	77		Medtronic			
	Physio-control Quik-control pacing/dof.br. Illustration /Ecq e technolos (pk 2).									;			
	e kelrocks (pk 2)												
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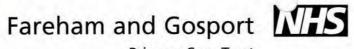
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APPROVED (BUDGET HOLDER)

(Signature)

Charnauds Ltd. PMP0857





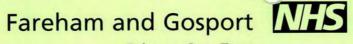
Primary Care Trust

NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

NI IANITITY	DESCRIPTION	PRODUCT		ACCO	UNTIN	NG CO	DE	VAT RECLAIMABL	UPPLIES DEPA	UNIT	ORDER	REMAR
QUANTITY	DESCRIPTION	CODE	ACCOU	INT No.	C	OSTC	ENTRE	Y/N	SUPPLIER	COST	NUMBER	HEWAN
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NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

DATE 13/10/04 DEPT./HOSPITAL GUMH DELIVERY TO Deach Dock TRANSFER POINT 487

										*		FOR SU	IPPLIES DEPA	RTMEN	T USE ONLY	
QUANTITY	DESCRIPTION	PRODUCT CODE	ACC	A	CCC IT No		ITIN	IG C	OD	E VTRE		VAT RECLAIMABLE Y/N	SUPPLIER	UNIT	ORDER NUMBER	REMARK
2 Boxes	Wite-on-wristlets	FSL236	3	6 5	5 1	- F	- 4	+4	- 6	27	7					
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	Adult size)	ė		2) 1		, i		1	1					
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(Signature)

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EXT. NO. 2018

REQUISITION NO:

61462

Fareham and Gosport **NHS**

Primary Care Trust

NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

TRANSFER POINT

REQUISITION NO: 61460

Charnauds Ltd. PMP0857

DATE 24 69/04 DEPT./HOSPITAL GWONTH DELIVERY TO Deadalus Lood FOR SUPPLIES DEPARTMENT USE ONLY **PRODUCT** ACCOUNTING CODE VAT RECLAIMABLE UNIT ORDER QUANTITY DESCRIPTION SUPPLIER REMARK CODE COST CENTRE ACCOUNT No. ■ COST NUMBER

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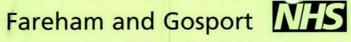
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REQUISITIONED BY

APPROVED (BUDGET HOLDER)

(Signature)



NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

DELIVERY TO Deach US TRANSFER POINT 4371

FOR SUPPLIES DEPARTMENT USE ONLY VAT RECLAIMABLE Y/N ORDER **PRODUCT** ACCOUNTING CODE UNIT SUPPLIER REMARK QUANTITY DESCRIPTION NUMBER COST CODE ACCOUNT No. ■ COST CENTRE Bistol maic

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APPROVED (BUDGET HOLDER)

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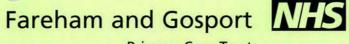
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DEPT./HOSPITAL_ GOOM H

EXT. NO. 2

me PACICIC ASTITON

REQUISITION NO: 61461



DATE 33/04/04 DEPT./HOSPITAL GOOD H

Please **Print Name**

REQUISITIONED BY

APPROVED (BUDGET HOLDER)

(Signature)

(Signature)

Primary Care Trust

NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

REQUISITION NO: 61459

Charnauds Ltd. PMP0857

DELIVERY TO Declara Wood TRANSFER POINT 4-371

FOR SUPPLIES DEPARTMENT USE ONLY VAT RECLAIMABLE Y/N **ORDER PRODUCT** ACCOUNTING CODE UNIT SUPPLIER REMARK QUANTITY DESCRIPTION COST CENTRE COST CODE ACCOUNT No. ■ NUMBER maric maic

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Page 01

G.W.M.H.

LAST TRANSMISSION REPORT

Act.N. Type 1885 TX ECM

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NHS SUPPLIES SOUTH AND WEST DIVISION

STOCK REQUISITION

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NHS SUPPLIES SOUTH AND WEST DIVISION

STOCK REQUISITION THIS SECTION TO BE COMPLETED BY REQUISITIONER FOR ITEM'S LISTED IN STORES CAT. TRANSFER POINT No. 4371 HOSPITAL/UNIT COMPANY REQUISITION No. 659059 DEPARTMENT Docklos Word CATALOGUE CODE No. ITEM DESCRIPTION OF ISSUE Clip bolldag bonn

BUDGETARY APPROVAL BUDGETARY APPROVAL

DATE 20/04/ 10/009



NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

REQUISITION NO: 61458

Charnauds Ltd. PMP0857

DATE 21	DEPT./HOSPITAL Gun	nH			[DEL	IVE	RY 1	ГО	J	xalu	los word	T	RANSFER POINT 4	371
						V	To the second				FOR SU	PPLIES DEPA	RTMEN	T USE ONLY	
QUANTITY	DESCRIPTION	PRODUCT	ACC		CCOI	UNT	COST	CODI	E VTRE		VAT RECLAIMABLE Y/N	SUPPLIER	UNIT	ORDER NUMBER	REMARK
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Print Name

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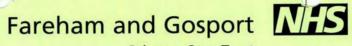
C. GARLAND.

Please

REQUISITIONED BY

APPROVED (BUDGET HOLDER)

(Signature)





NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

DATE_06	6764 DEPT./HOSPITAL GOM	H	_ [DEL	IVE	RY T	го_	1	Doed FOR SU	IPPLIES DEPA	T RTMEN	RANSFER POINT_	4371		
QUANTITY	DESCRIPTION	PRODUCT CODE		A				COD			VAT RECLAIMABLE Y/N		UNIT	ORDER NUMBER	REMARK
8	Male Support halder) (male vine bottles)		3	6 5	51	F	4	4 2	7	7		Southern			
	Holder (Support halder)	URSOA										Syringes			
	(male wine bottles)	25001										0 0			
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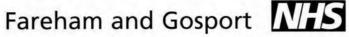
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Please Print Name 7

EXT. NO. 2218

Please S. GARLAND **Print Name**

REQUISITION NO: 61457





NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

TRANSFER POINT 4371 DATE 05/07/04 DEPT./HOSPITAL COMH DELIVERY TO Deadolos FOR SUPPLIES DEPARTMENT LISE ONLY

													FOR SUPPLIES DEPARTMENT USE ONLY						
QUANTITY	DESCRIPTION Included Strips - pH paper	PRODUCT CODE	ACCOUNTING CODE ACCOUNT No. COST CENTRE								RE		VAT RECLAIMABLE Y/N	SUPPLIER	UNIT COST		ORDER NUMBER	REMARK	
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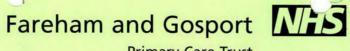
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EXT. NO. 2218

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SAMAH CAMBRICA

REQUISITION NO:



DATE 21/06/64 DEPT./HOSPITAL CLOWNH

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REQUISITIONED BY (Signature)

(Signature)

APPROVED (BUDGET HOLDER)

Print Name



Primary Care Trust

NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

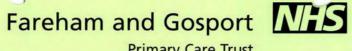
REQUISITION NO: 61455

Charnauds Ltd. PMP0857

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FOR SUPPLIES DEPARTMENT USE ONLY PRODUCT ACCOUNTING CODE VAT RECLAIMABLE UNIT ORDER QUANTITY DESCRIPTION SUPPLIER REMARK CODE ACCOUNT No. COST CENTRE COST NUMBER FDE 141

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Primary Care Trust

NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

DATE 10/06/04 DEPT./HOSPITAL Gum H	DELIVERY TO_	Deakilles	word	TRANSFER POINT_	4371
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Please Print Name

REQUISITION NO: 61454

Fareham and Gosport MFS



Primary Care Trust

NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

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Please **Print Name**

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REQUISITION NO: 61453

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Fareham and Gosport NHS



Primary Care Trust

NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

TRANSFER POINT

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Please **Print Name**

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REQUISITION NO: 61452

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Fareham and Gosport NHS



Primary Care Trust

Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

Unit 18

NON-STOCK REQUISITION

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Fareham and Gosport NES



FOR SUPPLIES DEPARTMENT USE ONLY

Primary Care Trust

NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

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Portsmouth Hospitals & Healthcare MES

NHS Trust

NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

REQUISITION NO: 60170

DATE 01/03/64 DEPT. HOSPITAL COMMIN TRANSFER POINT 4371 DELIVERY TO Deahle Word FOR SUPPLIES DEPARTMENT USE ONLY

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APPROVED (BUDGET HOLDER)

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Faxed 12/01/04

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Portsmouth Hospitals & Healthcare

NHS Trust

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

NON-STOCK REQUISITION

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Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY

Tel: 01489 779600

Portsmouth Hospitals & Healthcare NIS **NHS Trust**

NON-STOCK REQUISITION

TRANSFER POINT 4371 DATE 12/01/64 DEPT./HOSPITAL TO GLOWH DELIVERY TO DOOK FOR SUPPLIES DEPARTMENT USE ONLY

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REQUISITION NO: 60169

Portsmouth Hospitals & Healthcare

NHS Trust

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

NON-STOCK REQUISITION

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DATE 7/	1/04	_ DEPT./HOSPITAL	DAEDALUS	GWMM	_ DELIVERY TO _	DAEDALUS	TRANSFER POINT 43 //
							DEPARTMENT USE ONLY

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APPROVED (BUDGET HOLDER)

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TRANSMISSION VERIFICATION REPORT

TIME : 23/12/2003 10:24

NAME : GWMH?

FAX : 01705603201

TEL :

DATE, TIME

FAX NO./NAME

DURATION

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Primary Care Trust

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TEL: 023 9252 4611 FAX: 023 9260 3201

ROBINSON WAY ANCHORAGE PARK INDUSTRIAL ESTATE PORTSMOUTH PO3 5SB Fax: 023 9230 5932

		•			FOR SUPPLIES DEPA		SFER POINT 43	
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ROBINSON WAY
ANCHORAGE PARK
INDUSTRIAL ESTATE
PORTSMOUTH
PO3 5SB Fax: 023

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	QTY	DESCRIPTION	PRODUCT CODE	AC	COL	ACO JNT N	71005 A	IITAL	NG C		E ENTR	RE		VAT RECLAIMABLE YES/NO	SUPPLIER		UNIT	ORDER NUMBER	REMARKS
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Portsmouth Hospitals & Healthcare

NHS Trust

NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

DATE DELIVERY TO DELIVERY TO DELIVERY TO TRANSFER POINT 4371

QUANTITY	DESCRIPTION	PRODUCT	ACCO ACCOUNT No:	UNTING C	CODE	RECLAIMABLE Y/N	SUPPLIER DEPA	UNIT	ORDER NUMBER	REMARI
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Portsmouth Hospitals & Healthcare

NHS Trust

NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

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NHS Trust

Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

NON-STOCK REQUISITION

QUANTITY	DESCRIPTION	PRODUCT CODE	ACCC			INTIN C		DE CENTR	E	VAT RECLAIMABLE Y/N	SUPPLIER	UNIT COST	ORDER NUMBER	REMAR
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Portsmouth Hospitals & Healthcare

NHS Trust

Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

NON-STOCK REQUISITION

DATE 29/09/03 DEPT/HOSPITAL GLOWNH DELIVERY TO Doch Use Cool TRANSFER POINT 4371 FOR SUPPLIES DEPARTMENT USE ONLY ACCOUNTING CODE VAT RECLAIMABLE Y/N **PRODUCT** UNIT ORDER SUPPLIER REMARK QUANTITY DESCRIPTION CODE COST NUMBER ACCOUNT No: I COST CENTRE Imp9194 Please EXT. NO 2018 Print Name T Tone REQUISTIONED BY REQUISITION NO: 60165 (Signature) Please APPROVED (BUDGET HOLDER)

Print Name

Portsmouth Hospitals & Healthcare

NHS Trust

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

NON-STOCK REQUISITION

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NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

DATE 15/03 DEPT./HOSPITAL CUMH	DELIVERY TO	Drabbs Lord	TRANSFER POINT	4371
		FOR SLIPPLIES DEPARTME	ENT LISE ONLY	*

PRODUCT ACCOUNTING CODE VAT RECLAIMABLE Y/N ORDER QUANTITY DESCRIPTION REMARK SUPPLIER CODE COST ACCOUNT No: COST CENTRE NUMBER Premier ? 3010-51736 Print Name

REQUISTIONED BY (Signature) APPROVED (BUDGET HOLDER)

EXT. NO 2018

Please

REQUISITION NO: 60164

Portsmouth Hospitals & Healthcare

NHS Trust

NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

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REQUISTIONED BY (Signature) APPROVED (BUDGET HOLDER) (Signature)

Please Print Name Please

REQUISITION NO: 60163

Portsmouth Hospitals & Healthcare MIS

DATE COLLET B DEPT./HOSPITAL GLOWH

Print Name

Please Print Name

REQUISTIONED BY

APPROVED (BUDGET HOLDER)

(Signature)

NHS Trust

NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

REQUISITION NO: 60163

DELIVERY TO Dogskilles TRANSFER POINT 4371

					FOR SUF	PPLIES DEPA	RTMEN	T USE ONLY	
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Portsmouth Hospitals & Healthcare WES

NHS Trust

NON-STOCK DECLIISITION

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Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

TRANSFER POINT FOR SUPPLIES DEPARTMENT USE ONLY PRODUCT ACCOUNTING CODE RECLAIMABLE Y/N SUPPLIER QUANTITY DESCRIPTION REMARK CODE ACCOUNT No: COST CENTRE COST NUMBER BRIDGE WATURE WITH TAP BEAMBATOGE NEDECAL 46 NERROW LANE BURPHAM GUZLFORD SURRET GULTLA

REQUISTIONED BY

(Signature) APPROVED (BUDGET HOLDER)

EXT. NO 22 18

Please Print Name A J Schurt LL

REQUISITION NO: 60161

Portsmouth Hospitals & Healthcare NHS

P.REED

Please Print Name

APPROVED (BUDGET HOLDER)

NHS Trust

NON-STOCK REQUISITION

Unit 18 Solent Industrial Estate Hedge End Southampton SO30 2FY Tel: 01489 779600

DATE 20/06/03	DEPT/HOSPITAL	Compl	DELIVERY TO	Doctodos	Wood	TRANSFER POINT _	4371
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ROBINSON WAY
ANCHORAGE PARK
INDUSTRIAL ESTATE
PORTSMOUTH
PO3 5SB Fax: (01705) 305932

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Clinical Manager

APPROVED (BUDGET HOLDER): PRINT NAME CLEARLY

SIGNATURE:

ROBINSON WAY ANCHORAGE PARK INDUSTRIAL ESTATE PORTSMOUTH PO3 5SB Fax: (01705) 305932

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ROBINSON WAY ANCHORAGE PARK INDUSTRIAL ESTATE PORTSMOUTH PO3 5SB Fax: (01705) 305932

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Fareham and Gosport **NHS**

Primary Care Trust

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INDUSTRIAL ESTATE
PORTSMOUTH
PO3 5SB Fax: (01705) 305932

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ROBINSON WAY
ANCHORAGE PARK
INDUSTRIAL ESTATE
PORTSMOUTH
PO3.5SB Fax: (01705) 305

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APPROVED (BUDGET HOLDER): E WILKINS
PRINT NAME CLEARLY

Daedalus Ward Gosport War Memorial Hospital

NHS SUPPLIES NON-STOCK REQUISITION

ROBINSON WAY ANCHORAGE PARK INDUSTRIAL ESTATE PORTSMOUTH PO3 5SB Fax: (01705) 305932

Tel. (023) 92603218 FAX (023) 92580360

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REQUISTIONED BY: (Signature)

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APPROVED (BUDGET HOLDER): TEACH

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INDUSTRIAL ESTATE
PORTSMOUTH
PO3 5SB Fax: (01705) 305932

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APPROVED (BUDGET HOLDER): PRINT NAME CLEARLY

NON-STOCK REQUISITION

ROBINSON WAY
ANCHORAGE PARK
INDUSTRIAL ESTATE
PORTSMOUTH
PO3 5SB Tel. (01705) 671611
Fax. (01705) 672831

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PLEASE PRINT NAME CLEARLY

NON-STOCK REQUISITION

ROBINSON WAY
ANCHORAGE PARK
INDUSTRIAL ESTATE
PORTSMOUTH
PO3 5SB Tel. (01705) 671611
Fax. (01705) 672831

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SIGNATURE

APPROVED (BUDGET HOLDER)
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NON-STOCK REQUISITION

ROBINSON WAY
ANCHORAGE PARK
INDUSTRIAL ESTATE
PORTSMOUTH
PO3 5SB Tel. (0705) 671611

Fax. (0705) 672831 DATE 22 60/08 DEPT./HOSPITAL GLOWN DELIVERY TO Deadculos Word TRANSFER POINT 4-371 FOR SUPPLIES DEPARTMENT USE ONLY ACCOUNTING CODE UNIT QUOTE ORDER QUANTITY DESCRIPTION SUPPLIER REMARKS NUMBER COST CONTRACT ACCOUNT No. COST CENTRE Assembly Medium Adult

APPROVED (BUDGET HOLDER) | KILKIN SIGNATURE | SIGNATURE | ENLINE | PLEASE PRINT NAME CLEARLY

REQUISITION No.

242381

NON-STOCK REQUISITION

ROBINSON WAY ANCHORAGE PARK INDUSTRIAL ESTATE PORTSMOUTH PO3 5SB Tel. (0705) 671611

REQUISITION No.

Fax. (0705) 672831 DATE 38/02/02 DEPT./HOSPITAL GUOMH DELIVERY TO DOCCULUS LOCK TRANSFER POINT 4371 FOR SUPPLIES DEPARTMENT USE ONLY ACCOUNTING CODE UNIT QUOTE ORDER REMARKS SUPPLIER DESCRIPTION NUMBER COST CONTRACT QUANTITY ACCOUNT No. COST CENTRE Solid Gel Disposable Diagnostic 3686 C 44 Z 77 Beaver Medical Electrocle make Pagewriter 200 Products Ltd Tel. 2218 GRADE CO. REQUISITIONED BY 242382

SIGNATURE P BEED

APPROVED (BUDGET HOLDER) PLEASE PRINT NAME CLEARLY

NON-STOCK REQUISITION

ROBINSON WAY
ANCHORAGE PARK
INDUSTRIAL ESTATE
PORTSMOUTH
PO3 5SB Tel. (0705) 671611
Fax. (0705) 672831

242380

REQUISITION No.

FOR SUPPLIES DEPARTMENT USE ONLY

DATE 4/2/02 DEPT./HOSPITAL DAEDALUS GWAM DELIVERY TO DAEDALUS TRANSFER POINT 4371

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APPROVED (BUDGET HOLDER)
PLEASE PRINT NAME CLEARLY

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REQUISITIONED BY P.REED Tel. 926932 18 GRADE G.

APPROVED (BUDGET HOLDER)
PLEASE PRINT NAME CLEARLY

NHS SUPPLIES SOUTH AND WEST DIVISION

NON-STOCK REQUISITION

ROBINSON WAY
ANCHORAGE PARK
INDUSTRIAL ESTATE
PORTSMOUTH
PO3 5SB Tel. (01705) 671611
Fax. (01705) 672831

REQUISITION No. 345509

DATE 25/4/02 DEPT./HOSPITAL GOVIN DELIVERY TO DAEDALUS TRANSFER POINT 6371 FOR SUPPLIES DEPARTMENT USE ONLY ACCOUNTING CODE UNIT QUOTE ORDER QUANTITY DESCRIPTION SUPPLIER REMARKS CONTRACT NUMBER ACCOUNT No. 5 1 FG 6 2 77 Henleys Madical US 1826 REUSABLE SMALL €10 ADULT CUFF FOR WILL ALLEN Brown fields Welwar Garden Cits \$10 VETAL SIGNS MONETOR * US 2635 REUSABLE NORMAL ADDIT CUFF FOR WELCH ALLEN VITAL SILMS MONITOR* ALT IAN * SINGLE TUBE CLAEN CONNECTOR

ROBINSON WAY
ANCHORAGE PARK
INDUSTRIAL ESTATE
PORTSMOUTH
PO3 5SB Fax: (01705) 305932

4371 DAE DAILUS DEPT./HOSPITAL GOSPORT WAR MEHORIAL DELIVERY TO DEPENDENT WIRD TRANSFER POINT FOR SUPPLIES DEPARTMENT USE ONLY ACCOUNTING CODE **ORDER** UNIT **PRODUCT** VAT RECLAIMABLE SUPPLIER REMARKS DESCRIPTION QTY NUMBER YES/NQ-COST CODE ACCOUNT No. COST CENTRE PENNINE CE 0473 - OXYGEN LINK TUBING HEALTHCARE PONTEFERCTST ASCOT DRIVE DERBY DE248JD THE WALL STREET, WAS ASSETTED. 11 10 11 11 11 19 REQUISTIONED BY: 1-BEED (Signature) PLEASE PRINT NAME: P- BEED EXT NO 2218 REQUISITION No. 394401

> APPROVED (BUDGET HOLDER):_ PRINT NAME CLEARLY

NHS SUPPLIES AUTHORITY

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PORTSMOUTH

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NON-STOCK REQUISITION

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INDUSTRIAL ESTATE
PORTSMOUTH
PO3 5SB Tel. (0705) 671611

PO3 5SB Tel. (0705) 671611 Fax. (0705) 672831

1.3.71

DATE 6/9/01 DEPT./HOSPITAL DAEDACUS GWNH DELIVERY TO DAEDALUS

FOR SUPPLIES DEPARTMENT USE ONLY ACCOUNTING CODE UNIT QUOTE ORDER SUPPLIER REMARKS DESCRIPTION QUANTITY . COST CONTRACT NUMBER COST CENTRE ACCOUNT No. \$131.05 JAMES SPENCER LANCASTER COT SIDES MIGH MODEL PROSPECT MILLS MAIN STREET £63.50 WELSDEN ANDERSON COT BUMPERS BRADFORD W'YORKS BOISOJR

REQUISITIONED BY Tel. 22 16 GRADE CO.

APPROVED (BUDGET HOLDER) SIGNATURE B. BEED

PLEASE PRINT NAME CLEARLY

REQUISITION No. 242379

PORTSMOUTH & SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

NON-STOCK REQUISITION

SUPPLIES DIVISION
ROBINSON WAY
PORTSMOUTH
PO3 5SB Tel. (0705) 671611

DATE 18/60	DEPT./HOSPITAL GLOWN H		DELI	VERY	то	2					POINT 437	1
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PLEASE PRINT NAME CLEARLY

PORTSMOUTH & SOUTH EAST HAMPSHIRE HEALTH AUTHORITY NON-STOCK REQUISITION

SUPPLIES DIVISION
ROBINSON WAY
PORTSMOUTH
PO3 5SB Tel. (0705) 671611

DATE 1/02	OL DEPT. HOSPITAL CLOMH TOWN		_	DEL	LIVE	ERY	TO.			redules had		RANSFER F	POINT 45 F	
										FOR SUPPLIES DEPARTMEN	T USE C	ONLY	4	
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PORTSMOUTH & SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

NON-STOCK REQUISITION

SUPPLIES DIVISION
ROBINSON WAY
PORTSMOUTH
PO3 5SB Tel. (0705) 671611

DATE	DEPT./HOSPITAL 4 WH			DELI	IVEF	RY TO	0_	DA	FOHTUS WARD		TRANSFER P	OINT	
									FOR SUPPLIES DEPARTMENT	NT USE	ONLY		
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APPROVED (BLE)GET HOLDER).

TRANSACTION REPORT

07-JUL-2000 13:06

FOR: DAEDALUS WARD GWMH 603218

SEND 111 TIME HOTE PAGES DATE START 51" 0 K 13:105 -JUL

TRANSACTION REPORT

07-301-2003-33:25

FOR: DAEDALUS WARD GWMH 603218

SEND

START RECEIVER PAGES TIME NOTE DATE 51" OK 07-JUL 09:24 992305932

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SIGNATURE:

NHS SUPPLIES NON-STOCK REQUISITION

ROBINSON WAY
ANCHORAGE PARK
INDUSTRIAL ESTATE
PORTSMOUTH
PO3 5SB Fax: (01705) 305

-																PO3 5SB Fa	x: (01705) 305932
7/7/0	DEPT./HOSPITAL GOS PORE	Nar					DEL	IVEF	RY T	0	X	U	dall	is ward	_ TRANSFER	POINT 43	371
	DEPT./HOSPITAL GOS PORE M. QUI	MOVIO	u											LIES DEPARTMENT US		,	
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APPROVED (BUDGET HOLDER): PRINT NAME CLEARLY

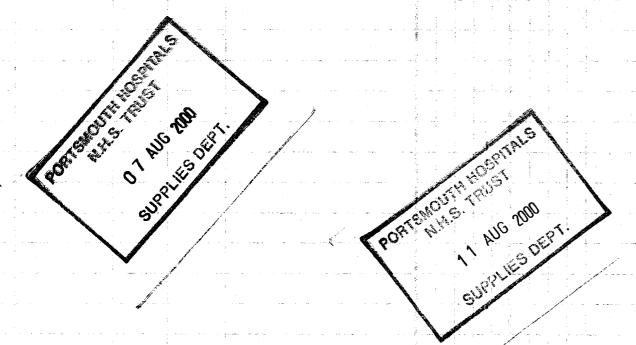
PORTSMOUTH & SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

NON-STOCK REQUISITION

SUPPLIES DIVISION ROBINSON WAY PORTSMOUTH PO3 5SB Tel. (0705) 671611

										FO	R SUPPLIES DEPA	RTMEN	IT USE C	DNLY		
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ROBINSON WAY
ANCHORAGE PARK
INDUSTRIAL ESTATE
PORTSMOUTH
PO3 5SB Fax: (01705) 305932

										1			FOR SUPPL	IES DEPARTMENT USE	ONLY		
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ROBINSON WAY ANCHORAGE PARK INDUSTRIAL ESTATE PORTSMOUTH Fax: (01705) 305932 PO3 5SB

DAEOALUS DEPT./HOSPITAL_	GWNH	DELIVERY TO	ONFOALUS	TRANSFER POINT	6371
			FOR SUPPLIES DEPA	RTMENT USE ONLY	

QTY	DESCRIPTION	PRODUCT CODE	ICT ACCOUNTING CODE E ACCOUNT No. COST CENTRE					VAT RECLAIMABLE YES/NO	SUPPLIER	UNIT	ORDER NUMBER	REMARKS				
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REQUISTIONED BY: _ (Signature)

SIGNATURE:

72603218 EXT NO._

_APPROVED (BUDGET HOLDER)
PRINT NAME CLEARLY

REQUISITION No. 381868

WVG 528

NHS SUPPLIES NON-STOCK REQUISITION

ROBINSON WAY
ANCHORAGE PARK
INDUSTRIAL ESTATE
PORTSMOUTH
PO3 5SB Fax: (01705) 305932

HEDH	DEPT./HOSPITAL G.WM					c	DELIN	/ER	Y TO			PAEDAL	US	_ TRANSFER	POINT	
												FOR SUPPL	IES DEPARTMENT US	ONLY		
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APPROVED (BUDGET HOLDER): PRINT NAME CLEARLY

ROBINSON WAY
ANCHORAGE PARK
INDUSTRIAL ESTATE
PORTSMOUTH
PO3 5SB Fax: (01705) 305932

DEPT./HOSPITAL	oroct w	AC MEMORIAC	DELIVERY TO	ALDANUS	WARD	TRANSFER POINT	4371

FOR SUPPLIES DEPARTMENT USE ONLY

ORDER ACCOUNTING CODE UNIT PRODUCT VAT RECLAIMABLE REMARKS SUPPLIER QTY DESCRIPTION YES/NO COST NUMBER CODE COST CENTRE ACCOUNT No. ALEXANDRA HP503 FOR HISWIM RUSHION LOS TROUSINGS SIZE 12 FORHOSHIM RUSHION 0310 RIVE + WHITE TUNIC

REQUISTIONED BY: (Signature)

SIGNATURE:

PLEASE PRINT NAME

> APPROVED (BUDGET HOLDER): PRINT NAME CLEARLY

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CI C GON TX3

Correl

REQUISITION No. 381856

ROBINSON WAY
ANCHORAGE PARK
INDUSTRIAL ESTATE
PORTSMOUTH
PO3 5SB Fax: (01705) 305932

DARDANS DEPT./HOSPITAL GOSPOLI WAR MEMORIAL DELIVERY TO DARDANS WARD TRANSFER POINT 4371

FOR SUPPLIES DEPARTMENT USE ONLY ACCOUNTING CODE ORDER UNIT PRODUCT VAT RECLAIMABLE REMARKS SUPPLIER QTY YES/NO COST NUMBER CODE ACCOUNT No. COST CENTRE ALEDANORA 1085 SIZE 58 BLOT FOX HCSW S. WOOLAND HPS03 BLUE + WHITE TUNIC 10PS SIZE 38 BUST HSO3 PRS 180WERS SIZE 17

EXT NO.2217

APPROVED (BUDGET HOLDER):

REQUISTIONED BY: (Signature)

SIGNATURE:

WVG 528

REQUISITION No. 381855

ROBINSON WAY
ANCHORAGE PARK
INDUSTRIAL ESTATE
PORTSMOUTH
PO3 5SB Fax: (01705) 305932

OACOALUS DEPT./HOSPITAL CO	PORT WAR	MEMORIAL DELIVERY TO	DALVANUE "	JARD T	RANSFER POINT	4371
					9	

FOR SUPPLIES DEPARTMENT USE ONLY ACCOUNTING CODE UNIT **ORDER** PRODUCT VAT RECLAIMABLE REMARKS SUPPLIER DESCRIPTION QTY NUMBER YES/NO COST CODE ACCOUNT No. COST CENTRE ALEXANDER 0 0 0 WILKINS NAVI TROUSERS SIZE 22 CODE D310 Anomina SADLAR

REQUISTIONED BY: (Signature)

PLEASE PRINT NAME:

SICCON TX3

REQUISITION No. 381853

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APPROVED (BUDGET HOLDER):

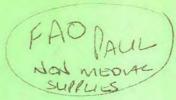
WVG 528

NHS SUPPLIES NON-STOCK REQUISITION

ROBINSON WAY
ANCHORAGE PARK
INDUSTRIAL ESTATE
PORTSMOUTH
PO3 5SB Fax: (01705) 305932

										党	FOR SUPPL	IES DEPARTMENT	USE ONLY	12	
QTY	DESCRIPTION	PRODUCT CODE	ACCO		Sandrill .	NTING		CEN	TRE		VAT RECLAIMABLE YES/NO	SUPPLIER	UNIT	ORDER NUMBER	REMARKS
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ROBINSON WAY ANCHORAGE PARK INDUSTRIAL ESTATE PORTSMOUTH

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2.5	99DEPT./HOSPITALOAEDALUS	WARK) (qu	m	14	DEL	IVE	RY 1	ro r	DA	E	DALUS	h	IARD	TRANSFER	POINT 43	71
															DEPARTMENT USE			
QTY	DESCRIPTION	PRODUCT	AC	ccou		COL	JNTI 			DE	RE		VAT RECLAIMABLE YES/NO	1	SUPPLIER	UNIT	ORDER NUMBER	REMARKS
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PLEASE
PRINT NAME: DE WHILK INDSA EXT NO 2017

APPROVED (BUDGET HOLDER):
PRINT NAME CLEARLY

REQUISITION No. 381851

NON-STOCK REQUISITION

ROBINSON WAY
ANCHORAGE PARK
INDUSTRIAL ESTATE
PORTSMOUTH
PO3 5SB Tel. (01705) 671611
Fax. (01705) 672831

DATE 25/2/19 DEPT. HOSPITAL Daedalus Ward GWMH DELIVERY TO Daedalus

PLEASE PRINT NAME CLEARLY

TRANSFER POINT 1371

REQUISITION No. 366579

	The state of the s			FOR SUPPLIES DEPART	MENT US	E ONLY											
QUANTITY	DESCRIPTION	1	ACCO		CO		TIN		CO			E	SUPPLIER	UNIT	QUOTE	ORDER NUMBER	REMARKS
2	Algla X cell Pressure	3	3	5 8	7	D	0	t	4	-	7	77	Huntleigh	£795			
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	A PECS Tel 2310	/	-														Harlow 36443-d1817

NON-STOCK REQUISITION

ROBINSON WAY ANCHORAGE PARK INDUSTRIAL ESTATE PORTSMOUTH PO3 5SB Tel. (017)

PO3 5SB Tel. (01705) 671611 Fax. (01705) 672831

DATE 4/11 9. DEPT. HOSPITAL COSPORT WAS MENCEIAL DELIVERY TO GOVERN OF THE TRANS

3. ROBINSON SIGNATURE.

APPROVED (BUDGET HOLDER)
PLEASE PRINT NAME CLEARLY

TRANSFER POINT ____

REQUISITION No. 366527

FOR SUPPLIES DEPARTMENT USE ONLY

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QUANTITY	DESCRIPTION			COU							SUPPLIER	UNIT	QUOTE CONTRACT	ORDER NUMBER	REMARKS
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2	KANGEROO COMPS 224	6	71	+ 0	0		71	0	2	6	SHERWOOD		2		
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REQUISITIONED B	Tel. 2726 GRADE S	upp	202	150	in	110	0	Ma	way	e		,			Harlow J6443-d1817

NON-STOCK REQUISITION

ROBINSON WAY ANCHORAGE PARK INDUSTRIAL ESTATE PORTSMOUTH PO3 5SB Tel. (01705) 671611 Fax. (01705) 672831

199 DEPT./HOSPITAL GWM. DELIVERY TO DAEDALOS TRANSFER POINT 437 FOR SUPPLIES DEPARTMENT USE ONLY ACCOUNTING CODE QUOTE UNIT ORDER QUANTITY DESCRIPTION SUPPLIER REMARKS COST CONTRACT NUMBER ACCOUNT No. COST CENTRE Honley Medican Pacon Aural Dyrince REQUISITIONED BY M. R. COUCHRON Ext. GRADE REQUISITION No. 345506

SIGNATURE M.R. Couchman

APPROVED (BUDGET HOLDER) _
PLEASE PRINT NAME CLEARLY

NON-STOCK REQUISITION

ROBINSON WAY
ANCHORAGE PARK
INDUSTRIAL ESTATE
PORTSMOUTH
PO3 5SB Tel. (01705) 671611
Fax. (01705) 672831

DATE 7.4.	79 DEPT./HOSPITAL GWM.	DELIVERY TO DAE	DALUS WAR	TRANSFER F	POINT	74246
			FOR SUPPLIES DEPARTM	MENT USE ONLY		
QUANTITY	DESCRIPTION	ACCOUNTING CODE ACCOUNT No. COST CENTRE	SUPPLIER	UNIT QUOTE CONTRACT	ORDER NUMBER R	REMARKS
2	HIBISCRUB WALL MOUNT	3580044277	Supplies Pobunous Way			
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REQUISITIONED B	P. Peare Tel. Ext. GRADE ST. SIGNATURE SIGNATURE	AFF NURSE.			245505	Harlow JE443-018
APPROVED (BUDG	SET HOLDER) SIGNATURE SIGNATURE	Man	F	REQUISITION No.	345505	

NHS SUPPLIES NON-STOCK REQUISITION

ROBINSON WAY ANCHORAGE PARK **INDUSTRIAL ESTATE PORTSMOUTH**

PO3 5SB

REQUISITION No. 394432

Fax: (01705) 305932

14/10/99 DEPT/HOSPITAL GWM. DELIVERY TO DAEDALUS WARD. TRANSFER POINT 4000

FOR SUPPLIES DEPARTMENT USE ONLY ACCOUNTING CODE **PRODUCT** ORDER VAT RECLAIMABLE REMARKS OTY DESCRIPTION SUPPLIER YES/NO CODE COST NUMBER ACCOUNT No. COST CENTRE DERTHAL UD 20/25 AD. MOSPITAL MELALCRAFT BLANDFORD MEIGHTS 7404710 26 Moment BLANDFSRD FORSM. DORSET. MII TIG. REQUISTIONED BY: 8). Dichalson, PRINT NAME: 5 1 NICHOLOS EXT NO. 2271 (Signature)

APPROVED (BUDGET HOLDER): & ROB, NO 10

WAYE FOR

NHS SUF. LIES SOUTH AND WEST DIVISION

NON-STOCK REQUISITION

305928

305912

ROBINSON WAY
ANCHORAGE PARK
INDUSTRIAL ESTATE

INDUSTRIAL ESTATE
PORTSMOUTH
PO3 5SB Tel. (01705) 671611
Fax. (01705) 672831

DATE 30.4.99 DEPT. HOSPITAL DAGOANUS WAKE CHUMH DELIVERY TO DAGOANUS WARD 931 TRANSFER POINT 4371

QUANTITY	DESCRIPTION	ACCOUNTING CODE ACCOUNT No. COST CENTRE									SUPPLIER	UNIT COST	QUOTE CONTRACT	ORDER NUMBER	REMARK
B 3	BLUE + WHITE TUNIC TOPS	4	10	0	C	4	4	1 2	+	8					
	BLEST SIZE 36"														
(.	HP 503 (SS7180) H17.									-					
	1 +18 EACH. No such c	ode	25.	-	L		4	4	1	-					
	This code is for trousers.														
2	PR NAVY TROUSERS D310														
	SIZE 14				L										
	413.65 MAGH.		+				4	4	-						-
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										Til .					

APPROVED (BUDGET HOLDER)

REQUISITIONED BY EXT. 603218 GRADE SSN

APPROVED (BUDGET HOLDER)

PLEASE PRINT NAME CLEARLY

REQUISITION No. 285380

SOH004394-0147

NHS SUPPLIES AUTWORIT

07 MAY 1999

PORTSHOUTH

RECORDED to 225380

PART OF STATE OF STAT

NON-STOCK REQUISITION

ROBINSON WAY
ANCHORAGE PARK
INDUSTRIAL ESTATE
PORTSMOUTH
PO3 5SB Tel. (01705) 671611
Fax. (01705) 672831

DATE 30.4.99 DEPT. HOSPITAL DADDANUS WARD CHUMH DELIVERY TO DADDANUS WARD

SIGNATURE

APPROVED (BUDGET HOLDER)
PLEASE PRINT NAME CLEARLY

TRANSFER POINT 4371.

REQUISITION No. 285380

						1						FOR SUPPLIES DEPARTM	MENT US	E ONLY		
QUANTITY	DESCRIPTION	AC		CCC		TING			NTR	E		SUPPLIER	UNIT	QUOTE CONTRACT	ORDER NUMBER	REMARKS
B 3	BLUE + WHITE TURIC TOPS	4	1	0	0	C	4	4	1 4	+	8	P ARAGE E				
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Name of the last			1				-									
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REQUISITIONED E	Tel. 603218 GRADE	SS	Sr	1			100									Harlow J6443/51817

NHS SUF. LIES SOUTH AND WEST DIVISION

NON-STOCK REQUISITION

ROBINSON WAY ANCHORAGE PARK INDUSTRIAL ESTATE PORTSMOUTH PO3 5SB Tel. (01705) 671611 Fax. (01705) 672831

DATE 20. 4. 99 DEPT. HOSPITAL DAEDALUS WARD GWMH DELIVERY TO DAEDALUS

TRANSFER POINT 4371.

										FOR SUPPLIES DEP	ARTM	IENT US	E ONLY	Marie Ma	
QUANTITY	DESCRIPTION	1		ACCC		TING		DE CENT	RE	SUPPLIER		UNIT	QUOTE CONTRACT	ORDER NUMBER	REMARKS
2	BLUE + WHITE TUNIC TOPS		41	0	0	CL	+ 4	1	48	& Alexander:			1		
	BUST SIZE 58"														
	HPS03(SS7182) HIT														
	418 BACH.											- 1			
1		1-7													
fr.															
2.	BLUE + WHITE TUNIC TOPS														
4 1 1 1	BUST SIZE 34"														
	H17														
	418 EACH.														
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a.	PL NAVY TROUSERS. D310									2000年196					
	S12E 12.														
	413.65										J. 17				
	7- Tel. 2018	11		1											Harlow J64431d1817

APPROVED (BUDGET HOLDER)

PLEASE PRINT NAME CLEARLY

REQUISITION No. 285379

NHS SUPPLIES SOUTH AND WEST DIVISION

NON-STOCK REQUISITION

30 592 AOBINSON WAY
ANCHORAGE PARK
INDUSTRIAL ESTATE
PORTSMOUTH
PO3 5SB Tel. (01705) 671611
Fax. (01705) 672831

REQUISITION No. 361209

DATE 19599 DEPT./HOSPITAL Daedalios GUM DELIVERY TO Daedalios TRANSFER POINT 487 FOR SUPPLIES DEPARTMENT USE ONLY ORDER ACCOUNTING CODE QUOTE SUPPLIER REMARKS QUANTITY DESCRIPTION NUMBER COST CONTRACT ACCOUNT No. COST CENTRE Hibischilo wall mount rep. ICSE14 DRGENT DIOULL Tel. 2218 GRADE E REQUISITIONED BY

SIGNATURE ____

APPROVED (BUDGET HOLDER)

N. . SUPPLIES SOUTH AND WEST DIVISION

NON-STOCK REQUISITION

ROBINSON WAY
ANCHORAGE PARK
INDUSTRIAL ESTATE
PORTSMOUTH
PO3 5SB Tel. (01705) 671611
Fax. (01705) 672831

DATE 30/4	199 DEPT./HOSPITAL GWM			D	ELIV	ERY	то	7	Da		clases Word.			POINT 437	1
											FOR SUPPLIES DEPARTM	MENT US	E ONLY	the state of the s	
QUANTITY	DESCRIPTION					ring C			RE		SUPPLIER	UNIT	QUOTE CONTRACT	ORDER NUMBER	REMARKS
1 Box	Code 6021 Adult	Jame :	35	0	1	04	4	2	7-	7	Roberson Healt	485.	50		
	Code 6021 Adult Tags (white)														
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	YTel. 22 Y											REQUISIT	ION No.	361208	Harlow XA43-018

PLEASE PRINT NAME CLEARLY

N. . SUPPLIES SOUTH AND WEST DIVISION

NON-STOCK REQUISITION

ROBINSON WAY ANCHORAGE PARK INDUSTRIAL ESTATE PORTSMOUTH PO3 5SB Tel. (01705) 671611 Fax. (01705) 67283

	NON-	5 1	U		•	H	E	Q1	JI	SITION		,	PO3 5SB Tel. (0 Fax. (0	1705) 671611
DATE 9 14	99 DEPT./HOSPITAL 9.WM			DEL	IVER	Y TO	0]	DY	EC	DALUS WATED		TRANSFER F	EP_TNIO	71
-0										FOR SUPPLIES DEPARTM	MENT US	E ONLY		*
QUANTITY	DESCRIPTION	ACC	ACC		TING		ODE	NTRE		SUPPLIER	UNIT	QUOTE CONTRACT	ORDER NUMBER	REMARKS
1 Box	(200) Sell-Adnosive labels	3	50	1	C	4	B:	7	+7	non Shock Supplies.				
	(Red DP)GRE													
1 Box	(200) Self-Adhosive labels yellow DP19 YW													
	yellow DP19YW													
1 Box	(200) Self-Adhesive labels													
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SIGNATURE _

APPROVED (BUDGET HOLDER)

NHS SUPPLIES SOUTH AND WEST DIVISION

NON-STOCK REQUISITION

ROBINSON WAY ANCHORAGE PARK INDUSTRIAL ESTATE PORTSMOUTH PO3 5SB Tel. (01705) 67

03 5SB Tel. (01705) 671611 Fax. (01705) 672831

DATE 21. 1	99 DEPT./HOSPITAL GOSPORT WAX MEMORIA	4	[DELI	VERY	то _	ME	200	mus wares		TRANSFER PO	DINT 437	L
	HODRINE							/	FOR SUPPLIES DEPAR	RTMENT US	E ONLY		
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REQUISITIONED	BY PE. WILKING Ext. 603218 GRADE S	s.s.	٦.							REQUISI	TION No .	361206	Harris - (644) of 1

SIGNATURE

APPROVED (BUDGET HOLDER)
PLEASE PRINT NAME CLEARLY

NHS SUPPLIES SOUTH AND WEST DIVISION

NON-STOCK REQUISITION

AOBINSON WAY ANCHORAGE PARK INDUSTRIAL ESTATE PORTSMOUTH PO3 5SB Tel. (01705) 67

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Tel. (01705) 671611 Fax. (01705) 672831

DATE 21. 1	99 DEPT. HOSPITAL GOSPORT WAR MEMORIAL HOSPITAL	_		DEL	IVEF	RY T	00	AL	204	amus wares		TRANSFER	POINT 4371	
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SIGNATURE.

APPROVED (BUDGET HOLDER)

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Week before 233

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6. Goods to be supplied within the scope of any BSI Quality Assurance or equivalent registration held unless previously notified

7. All goods supplied must conform to Year 2000 standards as defined by BSI.

Not delivered 20.4 26

5 outstanding
Tackie Cympol Office La Felinson

For and on behalf of the Authority

ORDER No.

Please Quote in all Correspondence

W71531

Supplier					Deliver to/Execute Work at		Please Quote in all	Correspondence	
ABIL: SHELL LOWMO		INDUSTRI	AL ESTAT	=	GOSPORT WAR MEMORIAL HOSP BURY ROAD GOSPORT	PITAL	Date	09/03/	06
NOTTS NG17		TELD		TEL	HANTS P012 3PW		Delivery Date	23/03/	06
All enquiries Co			SUPLR	8008	Invoice and Payment enquiries		Settlement Disc	ount	
UNIT	END SUPPL 18 SOLEN END S/HAM	IT IND ES	TATE		Fareham & Gosport Primary c/o Hants Shared Financia Finance Dept. St.James Ho Locksway Road, PORTSMOUTH	al Services ospital	Internal Reqn. N		
	_ COLLINS 7 779603	3			PO4 BLD	17 Detrices	FORWARD INT GOSPORT WAR	MEMORIAL	4004 HOSPITAL SON 2278
Contract Quote Ref.	Comm. Ref.	LIMIT		Description	Unit Price incl. VAT	Value incl. VAT	Cost E.T.		
SALES	ТНФ3755	8	EACH	VAT EA	ABLE METAL FRAME CHAIR. AA3C CH. AS AGREED WITH DAVID. PF 406. (8008) 9.3.06 END OF ORDER		175.3453	1402.76	F92471
					subject to the Health Authority's Conditions of	TOTAL VALUE O	F ORDER	1402.76	(E = EST
		ch may be obtained the separate of the separate of the sent separate of the se			oods must be accompanied by a delivery note.	Signed		Designation	