PURCHASE ORDER FORM

MEDIQ

Supplier name:	Halma Solutions B.V.	**Mediq Nederland B.V.**	
Supplier address:	Bijsterhuizen 3007-G 6600AB Wijchen	Acting as part of: the Landelijk Consortium Hulpmiddelen (LCH) Rijnzathe 10 3454 PV Utrecht	
Country:	Netherlands	The Netherlands	
Contact person:	5.1.2e		
Phone number:	5.1.2e	**Invoice address:**	5.1.5 @mediq.com
Contact e-mail:	5.1.5 @halmasolutions.com		
Order number:	LCH2020-0165	**BTW:**	5.1.5
Order date:	24-4-2020	**KVK:**	62677926
Reference name:	5.1.2e		
Reference email:	5.1.2e @radboudumc.nl		

Product/service details supplier	Quantity	Expected delivery date	Price per unit ex. VAT	Amount ex. VAT
801 Nasopharynx swab	5.1.1c	24-apr-20	5.1.1c	5.700,00
802 Throat swabs		24-apr-20		5.700,00
801 Nasopharynx swab		2-mei-20		285.000,00
802 Throat swabs		2-mei-20		285.000,00
801 Nasopharynx swab		15-mei-20		285.000,00
802 Throat swabs		15-mei-20		285.000,00

Total order value (excl. VAT)	€	1.151.400,00
VAT	€	241.794,00
Total order value (incl. VAT)	€	1.393.194,00

Downpayment:
Downpayment date:
Payment agreement: Payment one day after receiving each delivery
Payment term (days):
Other agreed terms:

Delivery condition: DDP
Named place:

Delivery address: 5.1.2h

Principal name:
Principal signature:

5.1.2e

Supplier name:
Supplier signature:

We kindly request you to check this order on product details, volume, delivery date, price and order value. Deviations need to be reported to the Finance department of LCH via 5.1.2e @lchulpmiddelen.nl.

Delivery and billing need to be conducted stating the order number listed above.

Billing statement requires stating your VAT number and bank account details.

This purchase order, and any related agreement, is conducted under and governed by the general purchase conditions of Mediq Nederland B.V. which will be provided to you on your request. The Mediq general purchase conditions shall prevail over any general conditions of sale of the supplier, which are hereby expressly rejected.