

## PURCHASE ORDER

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## WORCESTERSHIRE ACUTE HOSPITALS NHST



## Supplier:

VIAMED LTD  
15 STATION ROAD  
CROSS HILLS

KEIGHLEY, WEST YORKSHIRE BD20 7DT

01535634542  
GLN:

Buyer GRACE RWP TAYLOR

Telephone

Email grace.taylor22@nhs.net

RWP 183817 NICU- PAEDS

## Deliver to:

WORCESTERSHIRE ROYAL HOSPITAL  
LOADING BAY  
CHARLES HASTINGS WAY  
WORCESTER, WR5 1DD

## Invoice to:

WORCESTERSHIRE ACUTE HOSPITAL  
RWP PAYABLES 6485  
PHOENIX HOUSE TOPCLIFFE LANE  
WAKEFIELD, WF3 1WE0303 123 1177  
GLN:

Order Number

305503702

Date

23-NOV-22

PLEASE CHECK THIS P.O. IF ANY OF THE DETAILS CONCERNING THE ITEMS LISTED ARE BELIEVED TO BE INCORRECT, I.E. SUPPLIER CODE, ITEM DESCRIPTION, PRICE OR DELIVERY CHARGE,

PLEASE EMAIL FULL DETAILS OF THE AMENDMENTS TO:  
WAH-TR.PURCHASING@NHS.NET OR ALTERNATIVELY FAX AN  
AMENDED COPY OF THE P.O. TO 01527 502822 AND,

IF REQUIRED, THE ORDER WILL BE RESUBMITTED TO YOU.

Quantity Required	U.O.M	Supplier Part Number:	Description	Delivery Date	Unit Price (Inc Discount)	Line Value GBP
2 PACK 20		1114005	eyemask regular	07-DEC-22	48.00	96.00
2 PACK 20		R300P02	PREEMIE EYEMAX 2 NEONATAL PHOTOTHERAPY MASK	07-DEC-22	48.00	96.00

Total Value of Order (Exc VAT)

192.00

Instructions to Supplier: This order is subject to the standard NHS Terms and Conditions of contract. For a copy of these please contact the Buyer for this order. Any price alterations must be agreed with the buyer prior to order execution. The above order number must be quoted on all invoices, acknowledgements, delivery notes and other correspondence. A delivery note must accompany each consignment of goods. The order must not be passed to any third party for supply. Any invoices not complying with these instructions will be returned unpaid to the supplier.