



Supplier's Order

Order Number : CH13217
Order Date : 28-NOV-22
Supplier Code : VI0003
Reference : TI
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Order to:
VIAMED LIMITED
15 STATION ROAD
CROSS HILLS
KEIGHLEY
WEST YORKSHIRE
BD20 7DT

Deliver to:
STORES DEPARTMENT
 NORTHAMPTON GENERAL HOSPITAL NHS TRUST
 CLIFTONVILLE
 NORTHAMPTON, NN1 5BD

Email: ngh-tr.supplies.dept@nhs.net

All invoices to:
PAYMENTS DEPARTMENT
 NORTHAMPTON GENERAL HOSPITAL NHS TRUST
 CLIFTONVILLE
 NORTHAMPTON
 NN1 5BD
 Email: ngh-tr.payments@nhs.net

Product or Service	QTY	UOM	Date Required	Contract Ref	Price	Net Value
1114006 EYEMAX 2 NEONATAL PHOTOTHERAPY MASK MODEL R300P02. ORANGE SIZE PREMIE	1.00	PACK 20	30-NOV-22		46.00	46.00
1114005 EYEMAX 2 NEONATAL PHOTOTHERAPY MASK MODEL R300P01 BLUE SIZE REGULAR	1.00	PACK 20	30-NOV-22		48.00	48.00
VIAMED CARRIAGE MINIMUM CHARGE	1.00	1	30-NOV-22		6.00	6.00
Contact Name: Tracey Ingram Tel : 01604 544547 e-mail : tracey.ingram5@nhs.net						
Terms and Conditions					TOTAL	100.00

Terms and Conditions

Unless specified as an order placed under an existing contract, the order is subject to the NHS conditions of Contract for the Purchase of Goods and the Contract for the supply of Services (copies of which may be obtained on application) and the terms and conditions set out therein.

Any queries please contact Supplies on 01604 545115

For and on behalf of Northampton General Hospital NHS Trust