

**Purchase Order Number : 200441621**

Please quote the Purchase Order Number on all correspondence.  
Payment will not be made without a valid P.O number.

**Supplier :**

VIAMED  
15 STATION ROAD  
CROSS HILLS  
KEIGHLEY  
WEST YORKSHIRE  
  
BD20 7DT  
Telephone : 01535 634542

**Deliver To :**

University Hospital  
Delivery Point 8  
Receipt and Distribution  
Clifford Bridge Road  
Coventry  
CV2 2DX  
  
Delivery Arrangements Tel: 02476 967367

**Invoice To :**

FINANCE DEPARTMENT  
University Hospitals of Coventry and Warwickshire  
NHS Trust,  
Clifford Bridge Road,  
Coventry,  
CV2 2DX  
  
Email: accounts.payable@uhcw.nhs.uk  
VAT Registration Number: GB654949096

**Order Date :**

08-Feb-2023

**Required by Date :**

07-Feb-2023

**Ordering Department :**

USN054  
Neonatal Community Outreach TM

**Notes to Supplier:**

Line No.	Quantity	Unit of Purch	Description	Suppliers Part No :	Contract Reference :	Unit Price £	Discount £	VAT Amount £	Line Value £
00	3.00		EYEMAX 2 REGULAR	1114005	C90264	48.00	0.00	28.80	172.80

**Contact in case of query :**

Buyer Name : Web Buyer  
Telephone No : 024 7696 4450  
Email : supplies@uhcw.nhs.uk

NHS Terms and conditions apply, a copy of which are available on request.

<b>VAT Excl Total :</b>	<b>144.00</b>
<b>VAT Total :</b>	<b>28.80</b>
<b>Total Order Value :</b>	<b>172.80</b>