

PURCHASE ORDER**440173400**

Order Date: 03-Mar-2023

Supplier No: 003442

Supp Name: VIAMED

Address: 15 STATION ROAD
CROSSHILLS
KEIGHLEY
WEST YORKSHIRE
BD20 7DT

Supp Telephone: 01535 634542

Delivery Address: R/D RECEIPT AND DELIVERY POINT-WGH
NB ACCESS VIA VICARAGE RD ONLY
WATFORD GENERAL HOSPITAL
VICARAGE ROAD
WATFORD
DELIVERIES BETWEEN 8AM-1PM
WD18 0HB

Queries Contact: **Chris Bradley**

Telephone Number: **01707 356168**

Order Queries Please Contact: westherts.buyingteam@nhs.net

Telephone Extension:

Invoice To: WEST HERTS HOSPITALS NHS TRUST
FINANCE DEPT
WILLOW HOUSE
VICARAGE ROAD
WATFORD
HERTS
WD18 0HB

Email address for invoices and invoice queries: westherts.accountspayable@nhs.net

Requisitioner Name: SAHRA ALI

Requisition No/Web Ref: WEB0213543

Requisitioning Point: QH3218-SCBU-SPECIAL CARE BABY UNIT WGH

Line Number	Product Code	Product Description	Contract		Order			VAT Delivery Date	
			Code	Unit of Purchase	Order Quantity	Unit Price	Order Value	Rate	
001		POSEY WRAPS BOX OF 48			1.00	398.70	398.70	20.00	08-Mar-2023
							398.70		

A copy of our Terms and Conditions is available on request

Purchase order acknowledgements / confirmations / queries to wherts-tr.buyingteam@nhs.net

All delivery notes and invoices associated with this purchase order must quote the purchase order number