

**COPY PURCHASE ORDER 888009395**

Buyer - GHX Orders

Date Order Raised - 10/03/2023

SUPPLIER DETAILS	DELIVERY ADDRESS	INVOICE ADDRESS
VIAMED 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE  BD20 7DT  Tel: Fax:	FLORENCE HAWKINS  Req Point Code: AG3030 NEO NATAL UNIT PAH - A28 PRINCESS ALEXANDRA HOSPITAL HAMSTEL ROAD HARLOW ESSEX  CM20 1QX	PRINCESS ALEXANDRA HOSPITAL FINANCE DEPARTMENT 1st Floor Kao 2 Kao Bus. Park CM17 9NA ESSEX

Order Line	Product Code	Product Description	Quantity	Unit Price	Order Value (exc VAT)
001	0021013	0021013 SENSOR WRAPS BOX OF 12.	5	10.70	53.50
002	1114006	EYEMAX 2 NEONATAL PHOTOTHERAPY MASK - PR EM	2	46.00	92.00
003	1114005	EYEMAX 2 NEONATAL PHOTOTHERAPY MASK - RE GULAR	2	48.00	96.00
TOTAL ORDER VALUE (£) Ex VAT					241.50

**Purchase Order Comments**

This Purchase Order is placed with your organisation subject to the application of our terms and conditions as referred to in the Department of Health's "Applicable Contract Terms Policy" which can be found at the following website

(<https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services>)

For queries regarding this purchase order please contact the buyer named above. For all invoice / remittance advice queries, please ring **0844 894 0143 Option 3** or email