



Supplier:
VIAMED LTD

15 STATION ROAD
CROSS HILLS
KEIGHLEY
WEST YORKSHIRE
BD20 7DT

GLN:

Buyer KELLY RWP TURNER

Telephone

Email kelly.turner39@nhs.net

RWP 183817 NICU- PAEDS

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

Invoice to:
WORCESTERSHIRE ACUTE HOSPITALS
NHST
RWP PAYABLES 6485
PO BOX 312
LEEDS, LS11 1HP

0303 123 1177
GLN:

Order Number	305518357
Date	15-MAR-23

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 Including Discount	Line Value GBP
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1	EACH	1114005	Postage for Eyemax phototherapy mask	17-MAR-23	10.00	10.00
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Total Value of Order (Exc VAT)

10.00

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.