

## 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.accounts payable@nhs.net

Requisitioner Name: SAHRA ALI

Requisition No/Web Ref: WEB0213543

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

<u>Line Number</u>	<u>Product Code</u>	<u>Product Description</u>	<u>Contract</u>	<u>Order</u>	<u>Unit</u>	<u>Order</u>	<u>Order</u>	<u>VAT</u>	<u>Delivery Date</u>
			<u>Code</u>		<u>Purchase</u>	<u>Quantity</u>	<u>Price</u>	<u>Value</u>	<u>Rate</u>
001		POSEY WRAPS BOX OF 48				1.00	448.00	448.00	20.00 21-Mar-2023
								448.00	

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