

PURCHASE ORDER

Supplier's Order

Order Number : CH13490
 Order Date : 20-MAR-23
 Supplier Code : VI0003
 Reference : TI
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Order to:
 VIAMED LIMITED
 15 STATION ROAD
 CROSS HILLS
 KEIGHLEY
 WEST YORKSHIRE
 BD20 7DT

Deliver to:
STORES DEPARTMENT
 NORTHAMPTON GENERAL HOSPITAL NHS TRUST
 CLIFTONVILLE
 NORTHAMPTON, NN1 5BD
 Email: ngh-tr.supplies.dept@nhs.net

All invoices to:
PAYMENTS DEPARTMENT
 NORTHAMPTON GENERAL HOSPITAL NHS TRUST
 CLIFTONVILLE
 NORTHAMPTON
 NN1 5BD
 Email: ngh-tr.payments@nhs.net

Product or Service	QTY	UOM	Date Required	Contract Ref	Price	Net Value
CARRIAGE	1.00	1000	23-MAR-23		6.00	6.00
1114006 EYEMAX 2 NEONATAL PHOTOTHERAPY MASK MODEL R300P02. ORANGE SIZE PREMIE	1.00	20	23-MAR-23		46.00	46.00
1114005 EYEMAX 2 NEONATAL PHOTOTHERAPY MASK MODEL R300P01 BLUE SIZE REGULAR	1.00	20	23-MAR-23		48.00	48.00
Contact Name: Tracey Ingram Tel : 01604 544547 e-mail : tracey.ingram5@nhs.net						
					TOTAL	100.00

Terms and Conditions

Unless specified as an order placed under an existing contract, the order is subject to the NHS conditions of Contract for the Purchase of Goods and the Contract for the supply of Services (copies of which may be obtained on application) and the terms and conditions set out therein.

Any queries please contact Supplies on 01604 545115

For and on behalf of Northampton General Hospital NHS Trust