Purchase Order No 000365411 Date of Order - 15/03/2023

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Supplier: 50415600

VIAMED LTD 15 STATION ROAD CROSS HILLS

BD20 7DT

Tel: 01535 634542

Fax:

Deliver To:

WYTHENSHAWE MATERNITY SCBU WYTHENSHAWE HOSPITAL SOUTHMOOR ROAD WYTHENSHAWE MANCHESTER

M23 9LT

Invoice To:

Accounts Payable - Central Invoices Finance and Procurement **Business Unit** Trafford General Hospital Davyhulme M41 5SL

Email Invoices to: accounts.payable@mft.nhs.uk **Enquiries To:**

Julie Shiel Tel: 291 2932 Email: julie.shiel@mft.nhs.uk

IMPORTANT INFORMATION:

1NHS TERMS AND CONDITIONS APPLY COPIES AVAILABLE ON REQUEST THE ABOVE OFFICIAL ORDER NO. TO BE QUOTED ON ALL INVOICES, ADVICE NOTES, DELIVERY NOTES AND ALL CORRESPONDENCE. NO VARIATION OF THIS ORDER WITHOUT WRITTEN AUTHORITY

INVOICE AND STATEMENTS TO:- Finance & Procurement Business Unit, Trafford General Hospital, Mooside Road, Davyhulme, Manchester, M41 5SL

EMAIL: Accounts Payable@mft.nhs.uk

WHERE DELIVERY DOCUMENTS CANNOT BE DISPLAYED ON THE EXTERIOR OF PARCELS, IT IS IMPERATIVE THAT THE TRUSTS OFFICIAL PURCHASE ORDER IS CLEARLY SHOWN IF PROMPT PAYMENT IS TO BE FACILITATED. PLEASE ENSURE THAT ANY COURIER SERVICE IS GIVEN THIS INFORMATION

Line	Supplier Item Ref	Description	Quantity	Unit Price	Line Total	Delivery Date	Contract Reference
001	1114005	EYEMAX 2 NEONATAL PHOTOTHERAPY MASK - REGULAR OCCIPITAL - FRONTAL CIRCUMFERENCE: 32 - 38 CM. PACK OF 20	3	48.00	144.00	21/03/23	MFT/VIAMED/2022
002		DELIVERY CHARGE	1	10.00	10.00	21/03/23	

Nett Value	154.00				
VAT Value	30.80				
Total Value	184.80				