

VIAMED

CROSSHILLS

KEIGHLEY

W YORKS

BD20 7DT

15 STATION ROAD

Purchase Order

Chelsea and Westminster Hospital **MIS**

West Middlesex University Hospital

ENQUIRIES TO:

SUPPLIER

Procurement Department

Email: chelwest.procurement@nhs.net

Accounts Payable Department:

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SEND INVOICE TO::

Chelsea and Westminster Hospital NHS Foundation Trust West Middlesex University Hospital Site Finance Department, 2nd Floor East Wing Twickenham Road, Isleworth, TW7 6AF

DELIVER TO / EXECUTE WORK AT

NICU/SCBU

NHS Foundation Trust

West Middlesex University Hospital Twickenham Road Isleworth

Middlesex TW7 6AF Direct Tel: 020 8321 5326 Direct Fax: 020 8321 2588

DETAILS

ORDER NUMBER: **CW184153**DATE: 11/04/23

 DATE:
 11/04/23

 SUPPLIER No:
 VIAME

 SITE No:
 1871

 DELIVERY DATE:
 12/04/23

 REQ. No:
 R259149

BD20 7D1							
CODE	DESCRIPTION	UNIT	No. OF UNITS	TRADE DISC	ITEM PRICE Exc. VAT	VALUE Exc. VAT	VAT
1114006	1114006 - EYEMAX 2 NEONATAL PHOTOTHERAPY MASK PREEMIE	Pack of 20	5.0		46.00	230.00	20.0
	DELIVER TO: RECEIPT & DISTRIBUTION -STORES (CW) CHELSEA & WESTMINSTER HOSPITAL 369 FULHAM ROAD LONDON SW10 9NH						
1. This purchase order is placed against the NHS standard terms and conditions. 2. All goods to be dispatched carriage paid unless specified on the order. 3. No additions to this order are to be supplied without confirmation from the Procurement Office. 4. A delivery note quoting this official order number must accompany all goods.			28-c	> Total Net	230.0		
 Any alteration in price(s) as shown on this order must be agreed by the Procurement Office before the order is executed. All goods to be delivered in accordance with the COSHH regulations. Invoices that do not quote this official order number will be returned to the supplier. Goods must be delivered between the hours of 08:00 and 15:00, Monday to Friday unless otherwise stated 					Total Value	276.0	