

**Deliver To :**

**RECEIPT & DISTRIBUTION CENTRE  
WHISTON HOSPITAL  
STONEY LANE ENTRANCE  
PRESCOT  
MER**

**L35 5DR**

**GB**

Requested delivery date: 01-05-2023

Location ID: RBN007E WARD 3F

**Invoice and Payment Enquiries To**

ST. HELENS&KNOWSLEY HOSPITALS NHS  
TRUST

RBN PAYABLES B225

PO BOX 312

LEEDS

LS11 1HP

GB

Tel: 0303 123 1177

All enquiries regarding this order to:

Contact : RBN CRAWFORD, SCOTT

Telephone :

Facsimile No. :

Email Address : scott.crawford@sthk.nhs.uk

Warning : **Order line comments require attention. Please  
process manually.**

**Supplier**

**Viamed Ltd**

Customer's Supplier Name:

VIAMED LTD

**Conditions**

THIS ORDER IS SUBJECT TO STANDARD NHS TERMS AND CONDITIONS. IF PRICES STATED ON THIS ORDER ARE INCORRECT ANY REVISED PRICES MUST BE AUTHORISED BY THE BUYER PRIOR TO ORDER EXECUTION. PAYMENT WILL BE MADE AT THE PRICES STATED HEREIN. DO NOT ASSIGN THIS ORDER SPECIAL INSTRUCTIONS.

Line	Goods or Services Required	Quantity	UOM	Contract Ref.	Unit Price	Line Value	VAT
1	1114005 <b>EYE MASK2 REGULAR</b> Price confirmed by Janine. Carriage £10 for 2 packs.	1	PACK 20		£48.00	£48.00	-
2	1114007 <b>EYE MASK2 MICRO</b>	1	PACK 20		£42.00	£42.00	-

Net Total : **£90.00**

Carriage : -

Tax : -

Total : **£90.00**