

PURCHASE ORDER

Supplier's Order

Order Number: IMPO062382

Order Date: 04-MAY-23 Supplier Code: VI0003

Reference: IMPO062382

Page: 1

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

8820 781			2. Lindii. rigir tripaymonts e mismet			
Product or Service	ОТУ	UOM	Date Required	Contract Ref	Price	Net Value
1114006 EYEMAX 2 NEONATAL PHOTOTHERAPY MASK MODEL R300P02. ORANGE SIZE PREMIE	1.00	20	04-MAY-23		46.00	46.00
CARRIAGE	1.00	1000	04-MAY-23		6.00	6.00
Terms and Conditions					TOTAL	52.00

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