PURCHASE ORDER

SOUTHPORT & ORMSKIRK HOSPITAL NHS

Supplier:
VIAMED LTD

15 STATION ROAD
CROSSHILLS
KEIGHLEY
WEST YORKSHIRE
BD20 7DT

GLN: 210076186

Buyer SOPHIE RVY TRAYNIER
Telephone
Email sophie.traynier@nhs.net

RVY8181 NEO-NATAL SU

Deliver to:
STORES RECEIPT CENTRE
ORMSKIRK DISTRICT GENERAL
WIGAN ROAD
ORMSKIRK,Lancashire L39 2AZ

Invoice to:
SOUTHPORT & ORMSKIRK HOSPITAL NHS TRUST
RVY PAYABLES 6575
PO BOX 312
LEEDS, LS11 1HP

0303 123 1177
GLN:

Order Number	158249466
Date	15-MAY-23

Delivery Times:Monday to Friday 0830HRS to 1630HRS

Instructions for Contractor/Supplier:

1.Unless specified below as an order placed under an existing contract; this order is subject to the general conditions of contract of the NHS.
2.DELIVERY NOTES to accompany all deliveries of goods quoting official order number.
3.NO VARIATION to this order without written authority. Any alteration in quantity or price must be agreed in writing by the ordering officer before any goods and services will be provided carriage paid.
4.COSHH 1988 REGULATIONS: If any of the items detailed on this order could be hazardous to health then the supplier must provide detailed Product Composition Data/Health and Safety.
5.Trust Settlement Terms: Net Monthly Account.

Quantity Required	U.O.M.	Supplier Part Number	Description	Delivery Date	Unit Price Including Discount	Line Value GBP
1	EACH	1114006	1114006 phototherapy eye masks	18-MAY-23	46.00	46.00

Total Value of Order (Exc VAT) 46.00

Instructions to Supplier: This order is subject to the standard NHS Terms and Conditions of contract. For a copy of these please contact the Buyer for this order. Any price alterations must be agreed with the buyer prior to order execution. The above order number must be quoted on all invoices, acknowledgements, delivery notes and other correspondence. A delivery note must accompany each consignment of goods. The order must not be passed to any third party for supply. Any invoices not complying with these instructions will be returned unpaid to the supplier.