Purchase Order Number : 200450938

Please quote the Purchase Order Number on all correspondence.
Payment will not be made without a valid P.O number.

University Hospitals Coventry and Warwickshire NHS Trust

Supplier :

VIAMED
15 STATION ROAD
CROSS HILLS
KEIGHLEY
WEST YORKSHIRE

BD20 7DT
Telephone : 01535 634542

Deliver To :

University Hospital
Delivery Point 8
Receipt and Distribution
Clifford Bridge Road
Coventry
CV2 2DX

Delivery Arrangements Tel: 02476 967367

Invoice To :

FINANCE DEPARTMENT
University Hospitals of Coventry and Warwickshire
NHS Trust,
Clifford Bridge Road,
Coventry,
CV2 2DX

Email: accounts.payable@uhcw.nhs.uk
VAT Registration Number: GB654949096

Order Date :	Required by Date :	Ordering Department :	Notes to Supplier:
19-May-2023	01-Jun-2023	UWD115 Ward 15 HDU	

Line No.	Quantity	Unit of Purch	Description	Suppliers Part No :	Contract Reference :	Unit Price £	Discount £	VAT Amount £	Line Value £
00	1.00		EYEMAX 2 REGULAR	1114005	C90264	48.00	0.00	9.60	57.60
00	1.00		EYEMAX 2 PREMIER	1114006	C90264	46.00	0.00	9.20	55.20

Contact in case of query :

Buyer Name : Web Buyer
Telephone No : 024 7696 4450
Email : supplies@uhcw.nhs.uk

NHS Terms and conditions apply, a copy of which are available on request.

VAT Excl Total :	**94.00**
VAT Total :	**18.80**
Total Order Value :	**112.80**