

**Deliver To :**

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

**L35 5DR**

**GB**

Requested delivery date: 05-06-2023

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 EDWARDS, LINDSEY

Telephone : 0151 676 5968

Facsimile No. :

Email Address : lindsey.edwards@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<br><b>EYE MASK 2 REGULAR 1114005</b><br>Prices provided by Sophie Lines at Viamed on 23/05/2023 - delivery charge £10.00 | 1        | PACK 20 |               | £48.00     | £48.00     | -   |
| 2    | 1114006<br><b>EYE MASK 2 PREEMI 1114006</b>  | 1        | PACK 20 |               | £46.00     | £46.00     | -   |

Net Total : **£94.00**

Carriage : -

Tax : -

Total : **£94.00**