



Supplier:
VIAMED LTD

15 STATION ROAD
CROSS HILLS
KEIGHLEY
WEST YORKSHIRE
BD20 7DT

GLN: 210076186

Buyer CPA MA2 HPL

Telephone

Email rsch.hplcpa@nhs.net

MA2185V SHERE WARD (V) (IMS)

Deliver to:
RECEIPT AND DISTRIBUTION
ROYAL SURREY COUNTY HOSPITAL
EGERTON ROAD
GUILDFORD, GU2 7XX

Invoice to:
HEALTHCARE PARTNERS LIMITED

MA2 PAYABLES F755
PO BOX 312
LEEDS, LS11 1HP

0303 123 1177
GLN:

Order Number	333166866
Date	20-JUN-23

This order is subject to the standard HPL 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.

Quantity Required	U.O.M.	Supplier Part Number	Description	Delivery Date	Unit Price Including Discount	Line Value GBP
1 PACK 20		1114005	EYEMAX 2 NEONATAL PHOTOTHERAPY MASK REG	21-JUN-23	48.00	48.00
1 EACH		carriage	carriage	21-JUN-23	8.00	8.00

Total Value of Order (Exc VAT)

56.00

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.