

**Purchase Order Number : 200456870**

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

**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 :**

25-Jul-2023

**Required by Date :**

08-Aug-2023

**Ordering Department :**

UWD025  
Ward 25

**Notes to Supplier:**

| 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        |

**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.

|                            |              |
|----------------------------|--------------|
| <b>VAT Excl Total :</b>    | <b>48.00</b> |
| <b>VAT Total :</b>         | <b>9.60</b>  |
| <b>Total Order Value :</b> | <b>57.60</b> |