

PURCHASE ORDER**440176927**

Order Date: 31-Aug-2023
 Supplier No: 003442
 Supp Name: VIAMED
 Address: 15 STATION ROAD
 CROSSHILLS
 KEIGHLEY
 WEST YORKSHIRE
 BD20 7DT
 Supp Telephone: 01535 634542
 Delivery Address: R/D RECEIPT AND DELIVERY POINT-WGH
 NB ACCESS VIA VICARAGE RD ONLY
 WATFORD GENERAL HOSPITAL
 VICARAGE ROAD
 WATFORD
 DELIVERIES BETWEEN 8AM-1PM
 WD18 0HB
 Queries Contact: **Sindhura Syamala**
 Telephone Number:
 Order Queries Please Contact: westherts.buyingteam@nhs.net
 Telephone Extension:
 Invoice To: WEST HERTS HOSPITALS NHS TRUST
 FINANCE DEPT
 WILLOW HOUSE
 VICARAGE ROAD
 WATFORD
 HERTS
 WD18 0HB
 Email address for invoices and invoice queries: westherts.accountspayable@nhs.net
 Requisitioner Name: SAHRA ALI
 Requisition No/Web Ref: WEB0222310
 Requisitioning Point: QH3218-WOODLAND NEONATAL (SCBU) WGH

Line Number	Product Code	Product Description	Contract Code	Unit of Purchase	Order Quantity	Order Price	Order Value	VAT Rate	Delivery Date
001	Ref: 1114005	EyeMax2 Phototherapy Eye - Regular 32 - 38cm UOI: 20 Carriage to be added upon invoice. includes £10 delivery			6.00	42.50	255.00	20.00	04-Sep-2023
							255.00		

A copy of our Terms and Conditions is available on request

Purchase order acknowledgements / confirmations / queries to wherts-tr.buyingteam@nhs.net

All delivery notes and invoices associated with this purchase order must quote the purchase order number