



Supplier:
VIAMED LTD

15 STATION ROAD
CROSS HILLS
KEIGHLEY
WEST YORKSHIRE
BD20 7DT

GLN: 210076186

Buyer CHRIS RJ2 GRAHAM

Telephone

Email chris.graham@gstt.nhs.uk

RJ22315 PAEDIATRIC A&E GROUND FLR E

Deliver to:
MAIN STORES GOODS INWARDS
UNIVERSITY HOSPITAL LEWISHAM
HIGH STREET
LEWISHAM, SE13 6LH

Invoice to:
LEWISHAM AND GREENWICH NHS TRUST

RJ2 PAYABLES 4715
PO BOX 312
LEEDS, LS11 1HP

0303 123 1177
GLN:

Order Number	99417765
Date	02-OCT-23

NOTE

1.This purchase order is placed against the standard NHS Conditions of Contract.

2.Any alteration in price must be agreed before the order is executed.

3.The full Official Purchase Order No. must be quoted on all correspondence and documents.

4.All goods to be despatched carriage paid unless specified on the order.

5.Alternative products must not be despatched unless agreed in writing beforehand.

Quantity Required	U.O.M.	Supplier Part Number	Description	Delivery Date	Unit Price Including Discount	Line Value GBP
1.00	PACK	1114005	EYEMAX 2 NEONATAL PHOTOTHERAPY MASK – REGULAR PACK 20	10-OCT-23	55.30	55.30
1.00	PACK	1114006	EYEMAX 2 NEONATAL PHOTOTHERAPY MASK – PREMIE PACK 20	10-OCT-23	55.30	55.30
1.00	PACK	1114007	EYEMAX 2 NEONATAL PHOTOTHERAPY MASK – MICRO PACK 20	10-OCT-23	42.00	42.00

Total Value of Order (Exc VAT)

152.60

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.