PURCHASE ORDER

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WORCESTERSHIRE ACUTE HOSPITALS NHST



Supplier:

VIAMED LTD

15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE BD20 7DT

GLN:

Buyer KELLY RWP TURNER

Telephone

Email kelly.turner39@nhs.net

RWP 183817 NICU- PAEDS

Deliver to:

WORCESTERSHIRE ROYAL HOSPITAL LOADING BAY CHARLES HASTINGS WAY WORCESTER, WR5 1DD

Invoice to:

WORCESTERSHIRE ACUTE HOSPITALS NHST RWP PAYABLES 6485 PO BOX 312 LEEDS, LS11 1HP

0303 123 1177 GLN:

Order Number	305556505
Date	06-DEC-23

PLEASE CHECK THIS P.O. IF ANY OF THE DETAILS CONCERNING THE ITEMS LISTED ARE BELIEVED TO BE INCORRECT, I.E. SUPPLIER CODE, ITEM DESCRIPTION, PRICE OR DELIVERY CHARGE,

PLEASE EMAIL FULL DETAILS OF THE AMENDMENTS TO: WAH-TR.PURCHASING@NHS.NET OR ALTERNATIVELY FAX AN AMENDED COPY OF THE P.O. TO 01527 502822 AND,

IF REQUIRED, THE ORDER WILL BE RESUBMITTED TO YOU.

Quantity Required	U.O.M.	Supplier Part Number	Description	Delivery Date	Unit Price Including Discount	Line Value GBP
4	PACK 20	1114005	EyeMax Regular (Blue) phototherapy mask.	20-DEC-23	48.00	192.00
1	EACH	PUK	Postage and packing	20-DEC-23	12.00	12.00
2	PACK 20	1114006	EyeMax phototherapy Premie (Orange)	20-DEC-23	46.00	92.00

Total Value of Order (Exc VAT)

296.00

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.