PURCHASE ORDER

440178709

Order Date:	19-Dec-2023
Supplier No:	003442
Supp Name Address:	VIAMED 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:	**Chris Bradley**
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
Requistioner Name:	Amanda Thomas
Requistion No/Web Ref:	WEB0227325
Requistioning Point:	QH3218-WOODLAND NEONATAL (SCBU) WGH

Line Number	Product Code	Product Description	Contract Code	Unit of Purchase	Order Quantity	Unit Price	Order Value	VAT Rate	Delivery Date
001		POSEY WRAPS BOX OF 48			1.00	496.50	496.50	20.00	22-Dec-2023
							496.50		

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