

PURCHASE ORDER

440179279

Order Date: 31-Jan-2024

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: **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.accounts payable@nhs.net

Requisitioner Name: Amanda Thomas

Requisition No/Web Ref: WEB0228950

Requisitioning Point: QH3218-WOODLAND NEONATAL (SCBU) WGH

<u>Line</u>	<u>Product</u>	<u>Product Description</u>	<u>Contract</u>	<u>Order</u>	<u>VAT</u>	<u>Delivery</u>
<u>Number</u>	<u>Code</u>		<u>Code</u>	<u>Unit of</u>	<u>Order</u>	<u>Rate</u>
				<u>Purchase</u>	<u>Quantity</u>	<u>Price</u>
					<u>Value</u>	<u>Date</u>
001		REF:1114006 EYEMAX 2 PHOTOTHERAPY EYE - PREMIE 32CM UOI:PACK 20		4.00	55.30	221.20
					20.00	05-Feb-2024

221.20

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