PURCHASE ORDER

990131906

Order Date:	27-Feb-2024
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:	**West Herts Hospitals Procurement**
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:	ESTEFANIA DA SILVA FONSECA
Requistion No/Web Ref:	WEB0230203
Requistioning Point:	QH3005-KATHERINE WARD-MATERNITY-WGH

Line Number	Product Code	Product Description	Contract Code	Unit of Purchase	Order Quantity	Unit Price	Order Value	VAT Rate	Delivery Date
001	1114005	1114005 EyeMax2 Phototherapy Eye - Regular 32 - 38cm		20	2.00	55.30	110.60	20.00	28-Feb-2024
							110.60		

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