

**Deliver To :**  
**CENTRAL STORES**  
**PETERBOROUGH CITY HOSPITAL**  
**EDITH CAVELL CAMPUS, BRETTON**  
**PETERBOROUGH**  
**PE3 9GZ**  
**GB**  
Requested delivery date: 25-02-2024  
Location ID: RGN0275 NEONATAL INTENSIVE CARE  
UNIT (NICU) PCH

**Invoice and Payment Enquiries To**  
NORTH WEST ANGLIA NHS FT  
RGN PAYABLES 7455  
PO BOX 312  
LEEDS  
LS11 1HP  
GB  
Tel: 0303 123 1177

All enquiries regarding this order to:  
Contact : RGN ABRAHAM, DINU  
Telephone :  
Facsimile No. :  
Email Address : dinu.abraham@nhs.net

**Supplier**  
**Viamed Ltd**  
  
Customer's Supplier Name:  
VIAMED LTD

**Conditions**  
THIS ORDER IS SUBJECT TO STANDARD NHS TERMS AND CONDITIONS. IF PRICES STATED ON THIS ORDER ARE INCORRECT ANY REVISED PRICES MUST BE AUTHORISED BY THE BUYER PRIOR TO ORDER EXECUTION. PAYMENT WILL BE MADE AT THE PRICES STATED HEREIN. DO NOT ASSIGN THIS ORDER SPECIAL INSTRUCTIONS.

Line	Goods or Services Required	Quantity	UOM	Contract Ref.	Unit Price	Line Value	VAT
1	0021013 0021013 SAO2 WRAP BOX OF 12	13	BOX 12		£11.50	£149.50	-

Net Total : £149.50  
Carriage : -  
Tax : -  
Total : £149.50