

## Purchase Order

### Deliver To / Execute Work at:

Main Stores  
The Ipswich Hospital  
Woodbridge Road East  
Ipswich

IP4 5PD

**Open 0800-1600**

### Invoice To :

Finance Department - North Lodge  
East Suffolk and North Essex NHS FT  
Turner Road  
Colchester  
Essex  
CO4 5JL  
esneft.capita@cloud-trade.com



East Suffolk and North Essex  
NHS Foundation Trust

**Official Order No: 200271620**

Please quote the Purchase Order no  
on all correspondence

**Order Date:** 15/03/2024

**Buyer:** Web Buyer

**Tel:**

**Contract Ref:**

**Account No:**

**Notes**

### Supplier :

Viamed Ltd  
15 Station Road  
Cross Hills  
Keighley  
West Yorkshire

BD20 7DT  
01535 634542

**Requisitioner:** Vivien Dobrucki

**Requisition No:** 100270611

**Manual Req No:** WEB0247904

**Requisition Pt:** Maternity Unit Pay & Non Pay

| Line | Qty | Unit | Product Code | Description                                      | Delivery By | Unit Price          | Line Value<br>Excl VAT |
|------|-----|------|--------------|--|-------------|---------------------|------------------------|
| 001  | 1   |      | 1114005      | EyeMax 2 Neonatal Phototherapy Mask -<br>Regular | 20/03/2024  | 55.30               | 55.30                  |
|      |     |      |              |  |             | <b>Total Value:</b> | <b>55.30</b>           |

**We are an end user for the purposes of section 55A VAT Act 1994 reverse charge for building and construction services.**

**Please issue us with a normal VAT invoice, with VAT charged at the appropriate rate. We will not account for the reverse charge.**

### Conditions of Order

1. All invoices must quote Official Order Number.
2. All goods must be accompanied by a Delivery Note quoting the Official Order Number.
3. Unless specified otherwise on the order this order is subject to the relevant NHS Standard Terms and Conditions of Contract.