

PURCHASE ORDER

Supplier's Order

Order Number : CH14889
 Order Date : 19-APR-24
 Supplier Code : 00221000
 Reference : BC05
 Page : 1

Order to:
 VIAMED
 15 STATION ROAD
 CROSS HILLS
 KEIGHLEY
 WEST YORKSHIRE
 BD20 7DT

Deliver to:
STORES DEPARTMENT
 NORTHAMPTON GENERAL HOSPITAL NHS TRUST
 CLIFTONVILLE
 NORTHAMPTON
 NN1 5BD
 Email: ngh-tr.supplies.dept@nhs.net

All invoices to:
PAYMENTS DEPARTMENT
 NORTHAMPTON GENERAL HOSPITAL NHS TRUST
 CLIFTONVILLE
 NORTHAMPTON
 NN1 5BD
 Email: ngh-tr.payments@nhs.net

Product or Service	QTY	UOM	Date Required	Contract Ref	Price	Net Value
1114005 EYEMAX 2 NEONATAL PHOTOTHERAPY MASK MODEL R300P01 BLUE SIZE REGULAR	1.00	20	18-APR-24		55.30	55.30
VIAMED CARRIAGE MINIMUM CHARGE	1.00	1	18-APR-24		8.00	8.00
					TOTAL	63.30

Terms and Conditions

Unless specified as an order placed under an existing contract, the order is subject to the NHS conditions of Contract for the Purchase of Goods and the Contract for the supply of Services (copies of which may be obtained on application) and the terms and conditions set out therein.

Any queries please contact Supplies on 01604 545115

For and on behalf of Northampton General Hospital NHS Trust