

Deliver To :

**RECEIPT & DISTRIBUTION CENTRE
WHISTON HOSPITAL
STONEY LANE ENTRANCE
PRESCOT
MER
L35 5DR
GB**

Requested delivery date: 07-05-2024
Location ID: RBN007E WARD 3F

Invoice and Payment Enquiries To

MERSEY AND WEST LANCASHIRE TEACHING
HOSPITALS NHS TRUST
RBN PAYABLES B225
PO BOX 312
LEEDS
LS11 1HP
GB
Tel: 0303 123 1177

All enquiries regarding this order to:

Contact : RBN ROWE, TOM
Telephone : 01704 705199
Facsimile No. :
Email Address : tom.rowe@merseywestlancls.nhs.uk

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	1114005 EYEMAX 2 NEONATAL PHOTOTHERAPY MASK - REGULAR F79 GTIN: 853061006920	1	PACK	135437414	£55.30	£55.30	-
2	1114006 EYEMAX 2 NEONATAL PHOTOTHERAPY MASK - PREMIE F79 GTIN: 817770021834	1	PACK	135437414	£55.30	£55.30	-

Net Total : £110.60
Carriage : -
Tax : -
Total : £110.60