

PURCHASE ORDER**440181215**

Order Date: 29-May-2024

Supplier No: 003442

Supp Name VIAMED
Address: 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: **Tim Hazell**

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

Requisitioner Name: Amanda Thomas

Requisition No/Web Ref: WEB0233767

Requisitioning Point: QH3218-WOODLAND NEONATAL (SCBU) WGH

Line Number	Product Code	Product Description	Contract		Order			VAT Delivery Date	
			Code	Unit of Purchase	Order Quantity	Unit Price	Order Value	Rate	
001		Ref: 1114005 EyeMax2 Phototherapy Eye - Regular 32 - 38cm UOI: 20 Carriage to be added upon invoice. includes £10 delivery			6.00	55.30	331.80	20.00	03-Jun-2024
							331.80		

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