

VIAMED

CROSSHILLS

KEIGHLEY

W YORKS

15 STATION ROAD

# **Purchase Order**

# Chelsea and Westminster Hospital **MIS**

West Middlesex University Hospital

#### **ENQUIRIES TO:**

**SUPPLIER** 

Procurement Department

Email: chelwest.procurement@nhs.net

Accounts Payable Department:

Email: chelwest.apinvoices.wmuh@nhs.net

### SEND INVOICE TO::

Chelsea and Westminster Hospital NHS Foundation Trust West Middlesex University Hospital Site Finance Department, 2nd Floor East Wing

Twickenham Road, Isleworth, TW7 6AF

### **DELIVER TO / EXECUTE WORK AT**

NICU/SCBU

## **NHS Foundation Trust**

West Middlesex University Hospital Twickenham Road Isleworth

Middlesex TW7 6AF Direct Tel: 020 8321 5326 Direct Fax: 020 8321 2588

**DETAILS** 

CW215120 ORDER NUMBER: 30/05/24 DATE:

SUPPLIER No: VIAME SITE No: 1871 **DELIVERY DATE:** 04/06/24 REQ. No: R293707

BD20 7DT				REQ. N	No:	R293707		
CODE	DESCRIPTION	UNIT			TRADE DISC	ITEM PRICE Exc. VAT	VALUE Exc. VAT	VAT
3810000	3810000 - POSEY ID REMOVABLE BRACELETS	Box of 12	2	18.0		16.20	291.60	20.00
	ON NEWBORN							
	DELIVER TO:							
	RECEIPT & DISTRIBUTION -STORES (CW)							
	CHELSEA & WESTMINSTER HOSPITAL							
	369 FULHAM ROAD							
	LONDON							
	SW10 9NH							
1114005	1114005 - EYEMAX 2 NEONATAL PHOTOTHERAPY MASK	Pack of 2	20	4.0		55.30	221.20	20.00
	REGULAR							
	DELIVER TO:							
	RECEIPT & DISTRIBUTION -STORES (CW)							
	CHELSEA & WESTMINSTER HOSPITAL							
	369 FULHAM ROAD							
	LONDON							
	SW10 9NH							
1114006	1114006 - EYEMAX 2 NEONATAL PHOTOTHERAPY MASK	Pack of 2	20	2.0		55.30	110.60	20.00
	PREEMIE							
	rder is placed against the NHS standard terms and conditions.			$\overline{}$				
3. No additions to t	dispatched carriage paid unless specified on the order. this order are to be supplied without confirmation from the Procurement Office.			Da	8-2	Total Net		
	quoting this official order number must accompany all goods. price(s) as shown on this order must be agreed by the Procurement Office before	the order is executed				Total VAT	Continued	
6. All goods to be a	delivered in accordance with the COSHH regulations.	and craon to exceeded.	l		,			
	not quote this official order number will be returned to the supplier.	se stated	For and of the T	on behalf rust	Τ	Total Value		
	not quote this official order number will be returned to the supplier. delivered between the hours of 08:00 and 15:00, Monday to Friday unless otherwi	se stated			•	Total Value		



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VIAMED 15 STATION ROAD CROSSHILLS KEIGHLEY W YORKS BD20 7DT

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 DATE:
 30/05/24

 SUPPLIER No:
 VIAME

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 1871

 DELIVERY DATE:
 04/06/24

 REQ. No:
 R293707

CODE	DESCRIPTION	UNIT	No. OF UNITS	TRADE DISC	ITEM PRICE Exc. VAT	VALUE Exc. VAT	VA
	DELIVER TO :						
	RECEIPT & DISTRIBUTION -STORES (CW) CHELSEA & WESTMINSTER HOSPITAL						
	369 FULHAM ROAD						
	LONDON						
	SW10 9NH						
This purchase order is placed against the NHS standard terms and conditions. All goods to be dispatched carriage paid unless specified on the order.		60	2	_			
No additions to this order are to be supplied without confirmation from the Procurement Office. A delivery note quoting this official order number must accompany all goods.			للكلك	28~c		623	3.40
Any alteration in price(s) as shown on this order must be agreed by the Procurement Office before the order is executed.  All goods to be delivered in accordance with the COSHH regulations.				Total VAT	124	4.68	
Invoices that do not quote this official order number will be returned to the supplier.  Goods must be delivered between the hours of 08:00 and 15:00, Monday to Friday unless otherwise stated  For and on beh of the Trust		alf	Total Value	748	3.08		