

Purchase Order Number :300009678

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Date of Order : 10-Jun-2024

Revision Date :

Supplier : 00082800

VIAMED LTD
15 STATION ROAD
CROSS HILLS
KEIGHLEY
WEST YORKSHIRE
BD20 7DT

Deliver To:

SCH MAIN SITE
CHILDRENS HOSPITAL MAIN SITE
VIA STORES
CLARKSON STREET
SHEFFIELD
S10 2TH

Invoice To :

sch.creditors@nhs.net
FINANCE DEPARTMENT
SHEFFIELD CHILDREN'S NHS FT
WESTERN BANK
SHEFFIELD
S10 2TH

Enquiries To :

sth.schteam@nhs.net
SCH MAIN SITE
CHILDRENS HOSPITAL MAIN SITE
VIA STORES
CLARKSON STREET
SHEFFIELD
S10 2TH

CONDITIONS OF ORDER

1. All invoices MUST quote our Purchase Order Number and be sent to the Invoice Address shown

2. Payment enquiries to be made to sch.creditors@nhs.net

3. Order Enquiries to be made to sth.schteam@nhs.net

4. All goods must be accompanied by a Delivery Note quoting the Purchase Order Number

5. This Purchase Order is placed with your organisation subject to the application of NHS Terms and Conditions (Copies available on request or by visiting <https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services>)

Req Point: 830349

NEONATAL SURGERY - C FLR

Buyer: 001148

Autumn Briggs

Line No.	Product Code	GTIN	Description of Goods or Service	Quantity	Unit of Measure	Qty of Measure	Unit Price	Line Total (Excl VAT)	Deliver by Date	Contract / Quote Reference :
001			PHOTOTHERAPY MASK EYEMAX 2 PREEMIE BOX OF 20 VIAMED CODE: MP03771	1.00			55.30	55.30	30/05/2024	
002			PHOTOTHERAPY MASK EYEMAX 2 REGULAR BOX OF 20 VIAMED CODE: MP03772 CARRIAGE CHARGE £10.00 PRICE AS PER AQIB MAJEED	1.00			55.30	55.30	30/05/2024	
Notes:				Total (excl VAT) :				110.60		