

# PURCHASE ORDER

Supplier's Order

Order Number : OG16276  
Order Date : 19-JUN-24  
Supplier Code : 00221000  
Reference : AD  
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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
** FOR ROBERT WATSON**						
1114005 EYEMAX 2 NEONATAL PHOTOTHERAPY MASK MODEL R300P01 BLUE SIZE REGULAR	3.00	20	20-JUN-24		55.30	165.90
VIAMED CARRIAGE MINIMUM CHARGE	1.00	1	20-JUN-24		8.00	8.00
					<b>TOTAL</b>	<b>173.90</b>

## 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