



PURCHASE ORDER

440182412

Order Date: 06-Aug-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: Chris Bradley

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: WEB0237446

Requisitioning Point: QH3218-WOODLAND NEONATAL (SCBU) WGH

<u>Line</u>	<u>Product</u>	<u>Product Description</u>	<u>Contract</u>	<u>Order</u>		<u>VAT</u>		<u>Delivery</u>	
<u>Number</u>	<u>Code</u>		<u>Code</u>	<u>Unit of</u>	<u>Order</u>	<u>Unit</u>	<u>Order</u>	<u>Rate</u>	<u>Date</u>
				<u>Purchase</u>	<u>Quantity</u>	<u>Price</u>	<u>Value</u>		
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	09-Aug-2024
002		REF:1114006 EYEMAX 2 PHOTOTHERAPY EYE - PREMIE 32CM UOI:PACK 20			6.00	40.75	244.50	20.00	09-Aug-2024
							576.30		

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