



PURCHASE ORDER

440182530

Order Date: 14-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: Sindhura Syamala

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: WEB0237721

Requisitioning Point: QH3218-WOODLAND NEONATAL (SCBU) WGH

<u>Line Number</u>	<u>Product Code</u>	<u>Product Description</u>	<u>Contract</u>		<u>Order</u>		<u>VAT</u>	<u>Delivery Date</u>
			<u>Code</u>	<u>Unit of Purchase</u>	<u>Order Quantity</u>	<u>Unit Price</u>	<u>Order Value</u>	<u>Rate</u>
001		POSEY WRAPS BOX OF 48			1.00	389.00	389.00	20.00 16-Aug-2024
							389.00	

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