



## PURCHASE ORDER

**990134430**

**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:** West Herts Hospitals Procurement

**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:** ESTEFANIA DA SILVA FONSECA

**Requisition No/Web Ref:** WEB0236192

Requisitioning Point: QH3005-KATHERINE WARD-MATERNITY-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	1114005	1114005 EyeMax2 Phototherapy Eye - Regular 32 - 38cm		20	2.00	55.30	110.60	20.00	10-Jul-2024
							110.60		

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