

Walsall Healthcare NHS Trust
PURCHASE ORDER

Order Number:	000453204
Order Date:	14-Aug-2024
Supplier No:	00221000
Supp Name Address:	VIAMED 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE BO20 7DT
Supp Telephone:	01535 634542
Supp Fax:	01535 635582
Delivery Location:	DISTRIBUTION CENTRE WALSALL HEALTHCARE NHS TRUST IDA ROAD, WALSALL WEST MIDLANDS, WS2 9PS NB: ARTICULATED LORRIES CANNOT ACCESS THIS LOCATION
Queries Contact:	PROCUREMENT
Email:	wht.procurement.enquires@nhs.net
Telephone Number:	
Telephone Extension:	3157
Invoice To:	ACCOUNTS PAYABLE ROUTE 301 WALSALL HEALTHCARE NHS TRUST MOAT ROAD WALSALL WEST MIDLANDS WS2 9PS
Requisitioner Name:	Laura Brittain
Web Ref:	WEB0197339
Requisition Number:	010227072
Requisitioning Point - M2:	3107 Paediatrics Inpatients - Ward 21

Line				Unit Details				VAT	Estimated
Number	Suppliers Reference	Contract Ref	Description	Unit of Purchase	Order Quantity	Unit Price	Order Value	Rate	Delivery Date
001	1114006	DENT & OPT 25	EyeMax 2 Neonatal Phototherapy Mask - Premie	Box of 20	2.00	55.30	110.60	20.00	19-Aug-2024
002	1114005	DENT & OPT 25	EyeMax 2 Neonatal Phototherapy Mask - Regular	Box of 20	2.00	48.00	96.00	20.00	19-Aug-2024

Order Total	206.60
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Unless stated otherwise by Walsall Healthcare NHS Trust, the applicable terms and conditions are the NHS Terms and Conditions for the Supply of Goods and Provision of Services Purchase Order version January 2018 accessible at the following web address.

<https://www.england.nhs.uk/nhs-terms-and-conditions-for-the-procurement-of-non-clinical-goods-and-services/>

You are advised not to accept any requests for goods and/or services for Walsall Healthcare NHS Trust without a valid purchase order. Invoices for goods/ services delivered must include a valid purchase order number. Invoices without a purchase order number will be subject to payment delays or payment could be refused.

Invoice email address: wht.ap.invoicing@nhs.net

Statements/Queries email address: wht.ap.queries@nhs.net