Order Number: E418004

Date: 23-0CT-24

Page: 1 of 1

PURCHASE ORDER

Buckinghamshire Healthcare **NHS NHS Trust**

231.20

46.24

277.44

All Order Price & Delivery charge queries : bht.orders@nhs.net

Invoices to: bht.invoices@cloud-trade.com

All Product / Service gueries contact : aaron.small@nhs.net

Supplier

VIAMED 15 STATION ROAD **CROSS HILLS** KEIGHLEY W.YORKSHIRE SMH-SPECIAL CARE BABY UNIT GENERAL STORES - SMH **ENTRANCE 2**

Delivery Point

STOKE MANDEVILLE HOSPITAL **AYLESBURY**

BUCKS **BD20 7DT** HP21 8AL Invoice Address (only invoice gueries to this address)

BUCKINGHAMSHIRE HEALTHCARE NHS TRUST ACCOUNTS PAYABLE DEPT, AMERSHAM HOSPITAL

Total Net Value

Total Order Value

VAT

WHIELDEN STREET, AMERSHAM BUCKS

RHT IDA Code/Description:	7D7468 SME	H-SPECIAL CARE BARY LINIT

HP7 OJD

Vendor No.	104645	BHT Requisition No.:	R448061 BHT IDA Code/Description: 7D7468 SMH-SPECIAL CARE BABY UNIT				
Quantity	Unit of Purchase	Product Code	Order Specification	Delivery Required by	Unit Price excluding VAT	Value excluding VAT	VAT
2.00	BOX 20	1114005	EyeMax 2 Neonatal Phototherapy Mask - Regular	24/10/24	55.30	110.60	01
2.00	BOX 20	1114006	EyeMax 2 Neonatal Phototherapy Mask - Preemie	24/10/24	55.30	110.60	01
1.00	EACH	VIAMED CRG	VIAMED carriage charge when ordering 2-4 items	24/10/24	10.00	10.00	01
	NOTIONS OF SUPPLY						

CONDITIONS OF SUPPLY

- Standard NHS Terms and Conditions for goods and/or services will apply unless otherwise agreed and appropriately authorised in writing between the two parties.
- 2. A Delivery Note must accompany each delivery of the goods.
- 3. This order (E418004) must be quoted on all delivery notes, invoices and correspondence.
- Each invoice must refer to one order number only.
- Failure to address correctly as stated on this order will result in a delay in payment.
- 6. Delivery between 0830 and 1600 Monday to Thursday 0830 and 1500 Friday (unless otherwise stated)