



Invoices without a valid purchase order number will be returned

|                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| <b>SUPPLIER</b><br>Viamed Ltd<br>15 Station Road<br>Cross Hills<br>Keighley<br>West Yorkshire<br>BD20 7DT | <b>Terms and Conditions of Purchase:</b><br><br>1. All goods must be delivered with a delivery note quoting the purchase order number.<br>2. We reserve the right to return invoices that do not quote the purchase order number, which may significantly delay payment.<br>3. <a href="#">This purchase order is in accordance with terms and conditions of purchase of the Department of Health.</a><br>4. Any supplementary terms and conditions as per the stated contract reference. |
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| <b>DELIVER TO / EXECUTE WORK AT:</b><br>Receipts & Distribution<br>Barnsley General Hospital<br>Gawber Road<br>Barnsley<br>South Yorkshire<br>S75 2EP<br><br><b>*OPENING TIMES</b> 8:30-12:00 & 12:30-16:30 Mon - Thur<br>8:30-12:00 & 12:30-16:00 Friday<br>Not Open Sat/Sun & Bank Holidays | <b>INVOICE ADDRESS AND PAYMENT ENQUIRIES TO:</b><br><b>Tel:</b> 01226 433930<br>The Finance Department<br>Barnsley Facilities Services Ltd<br>Block 2<br>Gawber Road<br>Barnsley<br>South Yorkshire<br>S75 2EP<br>b.accounts@nhs.net |
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|----------------------------------------------|-----------------------------------------------------|
| <b>ORDER ENQUIRIES TO:</b> Kerry Thistlewood | <b>WARD / DEPARTMENT:</b> XT1054 BFS Childrens Ward |
| <b>TEL NO:</b>                               | <b>ORIGINAL REQ NO</b>                              |
| <b>E-MAIL:</b> bfs.procurement@nhs.net       | <b>REFERENCE:</b>                                   |

| Line No | Product Code | Description                            | Qty | Pack Size | VAT % | Unit Net £ Price ex VAT | Total Line £ Price ex VAT |
|---------|--------------|----------------------------------------|-----|-----------|-------|-------------------------|---------------------------|
| 1       | 5453/1114005 | 1114005 EyeMax2 Eye Shade Regular 20Pk | 1   | Pack 20   | 20%   | 55.30                   | 55.30                     |
| 2       | 5453/1114006 | 1114006 EyeMax2 Eye Shade Premie 20Pk  | 1   | Pack 20   | 20%   | 55.30                   | 55.30                     |

Authorising Officer for and on behalf of the Authority  
Associate Director of Procurement and Commercial Services

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|-------------------|--------|
| Total             | 110.60 |
| VAT               | 22.12  |
| Total Order Value | 132.72 |