



PURCHASE ORDER

990136807

Order Date: 27 Jan 2025

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: WEB0244900

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</u> <u>Purchase</u>	<u>Order</u> <u>Unit</u> <u>Order</u> <u>Price</u> <u>Value</u>	<u>Rate</u>
001	1114005	1114005 EyeMax2 Phototherapy Eye - Regular 32 - 38cm		20	2.00 55.30 110.60	20.00 22 Jan 2025
						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