

## Purchase Order

### Deliver To / Execute Work at:

Goods Receiving Area  
Colchester General Hospital  
Turner Road  
Colchester

CO4 5JL      **Open 0700-1230 & 1300-1530**

### Invoice To :

Finance Department - North Lodge  
East Suffolk and North Essex NHS FT  
Turner Road  
Colchester  
Essex  
CO4 5JL  
ESNE@instream.ai



**East Suffolk and North Essex**  
NHS Foundation Trust

**Official Order No: 200309749**

Please quote the Purchase Order no  
on all correspondence

**Order Date:** 17/02/2025

**Buyer:** Web Buyer  
**Tel:**

**Contract Ref:**

**Account No:**

**Notes**

### Supplier :

Viamed Ltd  
15 Station Road  
Cross Hills  
Keighley  
West Yorkshire  
BD20 7DT  
01535 634542

**Requisitioner:** Lisa Hunt  
01206 742152  
**Requisition No:** 100310132  
**Manual Req No:** WEB0284946  
**Requisition Pt:** Childrens Ward COH

| Line         | Qty | Unit | Product Code | Description                                      | Delivery By | Unit Price | Line Value<br>Excl VAT |
|--------------|-----|------|--------------|--------------------------------------------------|-------------|------------|------------------------|
| 001          | 2   |      | 1114005      | EyeMax 2 Neonatal Phototherapy Mask -<br>Regular | 24/02/2025  | 56.70      | 113.40                 |
| Total Value: |     |      |              |                                                  |             |            | 113.40                 |

**We are an end user for the purposes of section 55A VAT Act 1994 reverse charge for building and construction services.  
Please issue us with a normal VAT invoice, with VAT charged at the appropriate rate. We will not account for the reverse charge.**

### Conditions of Order

1. All invoices must quote Official Order Number.
2. All goods must be accompanied by a Delivery Note quoting the Official Order Number.
3. Unless specified otherwise on the order this order is subject to the relevant NHS Standard Terms and Conditions of Contract.