



Invoices without a valid purchase order number will be returned

SUPPLIER

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

Terms and Conditions of Purchase:

1. All goods must be delivered with a delivery note quoting the purchase order number.

2. We reserve the right to return invoices that do not quote the purchase order number, which may significantly delay payment.

3. [This purchase order is in accordance with terms and conditions of purchase of the Department of Health.](#)

4. Any supplementary terms and conditions as per the stated contract reference.

DELIVER TO / EXECUTE WORK AT:

Receipts & Distribution
Barnsley General Hospital
Gawber Road
Barnsley
South Yorkshire
S75 2EP

*OPENING TIMES 8:30-12:00 & 12:30-16:30 Mon - Thur
8:30-12:00 & 12:30-16:00 Friday
Not Open Sat/Sun & Bank Holidays

INVOICE ADDRESS AND PAYMENT ENQUIRIES TO:

Tel: 01226 433930
The Finance Department
Barnsley Facilities Services Ltd
Block 2
Gawber Road
Barnsley
South Yorkshire
S75 2EP
b.accounts@nhs.net

ORDER ENQUIRIES TO: David Burgin

TEL NO:

E-MAIL: bfs.procurement@nhs.net

WARD / DEPARTMENT: XT1148 BFS Ward 15 - Neo Natal Unit

ORIGINAL REQ NO

REFERENCE:

Line No	Product Code	Description	Qty	Pack Size	VAT %	Unit Net £ Price ex VAT	Total Line £ Price ex VAT
1	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

Total	55.30
VAT	11.06
Total Order Value	66.36