Order Number: E441379

Date: 20-JUN-25

Page: 1 of 1

PURCHASE ORDER

Buckinghamshire Healthcare **NHS** 

**NHS Trust** 

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

All Product / Service queries contact : j.paul9@nhs.net invoices to : bht.invoices@cloud-trade.com

Supplier

VIAMED 15 STATION ROAD **CROSS HILLS** KEIGHLEY W.YORKSHIRE

**BD20 7DT** 

**Delivery Point** SMH MATERNITY - ROTHSCHILD WARD **GENERAL STORES - SMH** 

**ENTRANCE 2** 

STOKE MANDEVILLE HOSPITAL

**AYLESBURY** BUCKS

Invoice Address (only invoice gueries to this address)

**BUCKINGHAMSHIRE HEALTHCARE NHS TRUST** ACCOUNTS PAYABLE DEPT, AMERSHAM HOSPITAL

WHIELDEN STREET, AMERSHAM BUCKS

HP7 OJD

DD20 7D1			HP21 8AL					
Vendor No.	104645	BHT Requisition No.:	R468441	BHT IDA Code/Description:	7D7470 SMH MATERNITY - ROTHSCHILD WARD			
Quantity	Unit of Purchase	Product Code	Order Specification		Delivery Required by	Unit Price excluding VAT	Value excluding VAT	VAT
3.00	BOX 20	1114005	EyeMax 2 Neonatal Photo	therapy Mask - Regular	21/06/25	56.70	170.10	01
1. Sta	NDITIONS OF SUPP	LY nd Conditions for goods and/o	r services will apply unless otherwis	e agreed and appropriately authorised			170 10	

- in writing between the two parties.
- 2. A Delivery Note must accompany each delivery of the goods.
- This order (E441379) 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)

170.10 **Total Net Value** 34.02 VAT

204.12 **Total Order Value**