

**Purchase Order No 000532699****Page 1 of 1****Date of Order - 18/09/2025****Manchester University**  
NHS Foundation Trust**Supplier: 50415600**VIAMED LTD  
15 STATION ROAD  
CROSS HILLS  
KEIGHLEY

BD20 7DT

Tel: 01535 634542

**Deliver To:**RECEIPT AND DISTRIBUTION - WYTH  
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WYTHENSHAW HOSPITAL  
SOUTHMOORE ROAD  
MANCHESTER  
M23 9LT**Invoice To:**Accounts Payable - Central  
Invoices  
Finance and Procurement  
Business Unit  
Trafford General Hospital  
Davyhulme  
M41 5SL**Enquiries To:**Julie Shiel  
Tel: 291 2932  
Email: [julie.shiel@mft.nhs.uk](mailto:julie.shiel@mft.nhs.uk)

Email Invoices to:

[accounts.payable@mft.nhs.uk](mailto:accounts.payable@mft.nhs.uk)**IMPORTANT INFORMATION:**NHS TERMS AND CONDITIONS APPLY COPIES AVAILABLE ON REQUEST THE ABOVE OFFICIAL ORDER NO. TO BE QUOTED ON ALL INVOICES, ADVICE NOTES, DELIVERY NOTES AND ALL CORRESPONDENCE.  
NO VARIATION OF THIS ORDER WITHOUT WRITTEN AUTHORITY  
INVOICE AND STATEMENTS TO:- Finance & Procurement Business Unit, Trafford General Hospital, Mooside Road, Davyhulme, Manchester, M41 5SL[EMAIL: Accounts.Payable@mft.nhs.uk](mailto:Accounts.Payable@mft.nhs.uk)

WHERE DELIVERY DOCUMENTS CANNOT BE DISPLAYED ON THE EXTERIOR OF PARCELS, IT IS IMPERATIVE THAT THE TRUSTS OFFICIAL PURCHASE ORDER IS CLEARLY SHOWN

IF PROMPT PAYMENT IS TO BE FACILITATED. PLEASE ENSURE THAT ANY COURIER SERVICE IS GIVEN THIS INFORMATION

**PLEASE DO NOT INVOICE BEFORE GOODS/SERVICES HAVE BEEN DELIVERED**

Line	Supplier Item Ref	Description	Quantity	Unit Price	Line Total	Delivery Date	Contract Reference
001	1114006	EYEMAX 2 NEONATAL PHOTOTHERAPY MASK PREMIE (PACK OF 20)	3	56.70	170.10	25/09/25	LPA/VIAMED/2025
002	1114005	EYEMAX 2 NEONATAL PHOTOTHERAPY MASK REGULAR (PACK OF 20)	4	56.70	226.80	25/09/25	LPA/VIAMED/2025
003	CARR/VIAMED	UPS COURIER DELIVERY - STANDARD	1	12.00	12.00	25/09/25	

Nett Value	408.90
VAT Value	81.78
Total Value	490.68