

Order Number : **E450470**

Date : 25-SEP-25

Page : 1 of 1

# PURCHASE ORDER

Buckinghamshire Healthcare   
NHS Trust

All Order Price & Delivery charge queries : bht.orders@nhs.net  
All Product / Service queries contact : aaron.small@nhs.net  
Invoices to : BHT@invoices.oneadvanced.com

**Supplier**  
VIAMED  
15 STATION ROAD  
CROSS HILLS  
KEIGHLEY W.YORKSHIRE  
  
BD20 7DT

**Delivery Point**  
SMH-SPECIAL CARE BABY UNIT  
GENERAL STORES - SMH  
ENTRANCE 2  
STOKE MANDEVILLE HOSPITAL  
AYLESBURY  
BUCKS  
HP21 8AL

**Invoice Address (only invoice queries to this address)**  
BUCKINGHAMSHIRE HEALTHCARE NHS TRUST  
ACCOUNTS PAYABLE DEPT, AMERSHAM HOSPITAL  
WHIELDEN STREET, AMERSHAM  
BUCKS  
HP7 0JD

**Vendor No.** 104645 **BHT Requisition No.:** R476239 **BHT IDA Code/Description:** 7D7468 SMH-SPECIAL CARE BABY UNIT

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 Phototherapy Mask - Regular	02/10/25	56.70	170.10	01
1.00	EACH	VIAMED CRG	VIAMED carriage charge when ordering 2-4 items	02/10/25	10.00	10.00	01

**CONDITIONS OF SUPPLY**

- Standard NHS Terms and Conditions for goods and/or services will apply unless otherwise agreed and appropriately authorised in writing between the two parties.
- A Delivery Note must accompany each delivery of the goods.
- This order (E450470) 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.
- Delivery between 0830 and 1600 Monday to Thursday 0830 and 1500 Friday (unless otherwise stated)

<b>Total Net Value</b>	180.10
<b>VAT</b>	36.02
<b>Total Order Value</b>	216.12