## **PURCHASE ORDER**

Dorset County Hospital **NHS** 

**NHS Foundation Trust** 

Williams Avenue Dorchester Dorset DT1 2JY

P.O. Queries: supplies@dchft.nhs.uk Invoice Queries: payables@dchft.nhs.uk

## Supplier

VIAMED 15 STATION ROAD **CROSS HILLS KEIGHLEY** WEST YORKSHIRE BD20 7DT

## Deliver To / Execute Work At

DCH DISTRIBUTION HUB (G7) HAMPTON FARM BUSINESS PARK **BOCKHAMPTON LANE** HIGHER BOCKHAMPTON DORCHESTER, DORSET DT2 8QH

Order Date	Supplier Number	Order Number			Repi	int	
11/11/25	977	MM37718					
Supplier Product Code		Description	Required By	Qty	UOM	Unit Price	Nett Price
1114005	EYEMAX 2 PHOTOTHERAPY MASK 32-38CI	Л	18/11/25	1.00	Box of 12	56.70	56.70

Supplier Product Code	Description	Required By	Qty	UOM	Unit Price	Nett Price
1114005	EYEMAX 2 PHOTOTHERAPY MASK 32-38CM	18/11/25	1.00	Box of 12	56.70	56.7
114006	EYEMAX 2 PHOTOTHERAPY MASK 26-32CM	18/11/25	1.00	Pack of 20	56.70	56.7
ARRIAGE	CARRIAGE	11/11/25	1.00	EACH	10.00	10.0
onditions of supply	<u> </u> v				Nett	123.4
The purchase order number (MM37718) must appear on all packages, invoices, shipping papers and correspondence. Packing slips must accompany all hipments. Stores opening times 0830 - 1600 Monday to Friday (except Bank Holidays). Warehouse opening times 0830 - 1500, Monday to Friday					24.6	

This order is subject to the NHS Terms and Conditions for the Supply of Goods and the Provision of Services (Purchase Order Version) (February 2025) a copy can be obtained on application to the Purchasing Manager.

Nett	
VAT	24.68
Total Value	148.08