

**PURCHASE ORDER****990141020****Order Date:** 24 Dec 2025**Supplier No:** 003442**Supp Name** VIAMED**Address:** 15 STATION ROAD
CROSSHILLS
KEIGHLEY
WEST YORKSHIRE
BD20 7DT**Supp Telephone:** 01535 634542**Delivery Address:** R/D RECEIPT AND DELIVERY POINT-WGH
NB ACCESS VIA VICARAGE RD ONLY
WATFORD GENERAL HOSPITAL
VICARAGE ROAD
WATFORD
DELIVERIES BETWEEN 8AM-1PM
WD18 0HB**Queries Contact:** West Herts Hospitals Procurement**Telephone Number:****Order Queries Please Contact:** westherts.buyingteam@nhs.net**Telephone Extension:****Invoice To:** WEST HERTS TEACHING HOSPITALS NHS TRUST
FINANCE DEPT
MAPLE HOUSE-UNIT11
THOMAS SAWYER WAY
WATFORD
HERTS
WD18 0GS**Email address for invoices and invoice queries:** westherts.accountspayable@nhs.net**Requisitioner Name:** ESTEFANIA DA SILVA FONSECA**Requisition No/Web Ref:** WEB0258515**Requisitioning Point:** QH3005-KATHERINE WARD-MATERNITY-WGH

<u>Line Number</u>	<u>Product Code</u>	<u>Product Description</u>	<u>Contract</u>	<u>Order</u>		<u>VAT</u>	<u>Delivery Date</u>
			<u>Code</u>	<u>Unit of</u>	<u>Order</u>	<u>Unit</u>	<u>Order</u>
				<u>Purchase</u>	<u>Quantity</u>	<u>Price</u>	<u>Value</u>
001	1114005	1114005 - EyeMax2 Phototherapy Eye - Regular 32 - 38cm		20	3.00	56.70	170.10
							20.00
							25 Dec 2025
							170.10

A copy of our Terms and Conditions is available on request

Purchase order acknowledgements / confirmations / queries to wherts-tr.buyingteam@nhs.net

All delivery notes and invoices associated with this purchase order must quote the purchase order number