



Invoices without a valid purchase order number will be returned

SUPPLIER Viamed Ltd 15 Station Road Cross Hills Keighley West Yorkshire BD20 7DT	Terms and Conditions of Purchase: 1. All goods must be delivered with a delivery note quoting the purchase order number. 2. We reserve the right to return invoices that do not quote the purchase order number, which may significantly delay payment. 3. This purchase order is in accordance with terms and conditions of purchase of the Department of Health. 4. Any supplementary terms and conditions as per the stated contract reference.
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DELIVER TO / EXECUTE WORK AT: Receipts & Distribution Barnsley General Hospital Gawber Road Barnsley South Yorkshire S75 2EP *OPENING TIMES 8:30-12:00 & 12:30-16:30 Mon - Thur 8:30-12:00 & 12:30-16:00 Friday Not Open Sat/Sun & Bank Holidays	INVOICE ADDRESS AND PAYMENT ENQUIRIES TO: Tel: 01226 433930 The Finance Department Barnsley Facilities Services Ltd Block 2 Gawber Road Barnsley South Yorkshire S75 2EP b.accounts@nhs.net
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ORDER ENQUIRIES TO: Kerry Thistlewood

TEL NO:

E-MAIL: bfs.procurement@nhs.net

WARD / DEPARTMENT: XT1148 BFS Ward 15 - Neo Natal Unit

ORIGINAL REQ NO

REFERENCE:

Line No	Product Code	Description	Qty	Pack Size	VAT %	Unit Net £ Price ex VAT	Total Line £ Price ex VAT
1	5453/1114005	1114005 EyeMax2 Eye Shade Regular 20Pk	1	Pack 20	20%	56.70	56.70

Authorising Officer for and on behalf of the Authority
Associate Director of Procurement and Commercial Services

Total	56.70
VAT	11.34
Total Order Value	68.04