

Invoices without a valid purchase order number will be returned

Page 1/1

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 We reserve the right to return invoices that do not quote the purchase order number, which may significantly delay payment.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.

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

ORDER ENQUIRIES TO: Kerry Thistlewood

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

TEL NO:

ORIGINAL REQ NO

E-MAIL: bfs.procurement@nhs.net

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