

Invoices without a valid purchase order number will be returned

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 We reserve the right to return invoices that do not quote the purchase order number, which may significantly delay payment.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

Paediatric Emergency Department
Barnsley Facilities Services Ltd
Gawber Road
Barnsley
South Yorkshire
S75 2EP

OPENING TIMES*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: Gareth Jones**TEL NO:****E-MAIL:** bfs.procurement@nhs.net**WARD / DEPARTMENT:** XT1749 BFS Paediatric Emergency Departm**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%	68.04	68.04

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

Total	68.04
VAT	13.61
Total Order Value	81.65