

PURCHASE ORDER

14 May 2026
08:46:39



990142250

Order Date: 14 May 2026

Supplier Name/Address: 003442 : VIAMED
15 STATION ROAD
CROSSHILLS
KEIGHLEY
WEST YORKSHIRE
BD20 7DT

Supplier Telephone: 01535 634542
Fax: 01535 635582

Delivery Location: 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

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

Budget Holder: Amanda Thomas

Requisition No/Web Ref: WEB0264192

Requisitioning Point: QH3218-WOODLAND NEONATAL (SCBU) WGH

<u>Line No</u>	<u>Product Code</u>	<u>Product Description</u>	<u>Contract Code</u>	<u>Unit of Purchase</u>	<u>Order Quantity</u>	<u>Unit Price</u>	<u>Order Value</u>	<u>Contract or Supplier Reference</u>	<u>VAT Rate</u>	<u>Delivery Date</u>
001	0021014 -	Posey Sensor wraps - Model: 6554 Case of 48			1.00	529.40	529.40		20.00	13 May 2026

Order Total **529.40**

Notes

CONDITIONS OF ORDER

1. All Invoices must quote our Purchase Order number and be sent to the Invoice Address shown.
2. All goods must be accompanied by a Delivery Note quoting our Purchase Order Number.

3. Unless otherwise specified this Purchase Order is subject only to NHS Terms and Conditions for the supply of Goods as detailed on the NHS PASA website: www.pasa.doh.gov.uk/purchasing/termsconditions Signed:

For and on behalf of the Trust

Enquiries concerning this order to: West Herts Hospitals Procurement Tel: