

## Purchase Order

### Deliver To / Execute Work at:

Main Stores  
The Ipswich Hospital  
Woodbridge Road East  
Ipswich

IP4 5PD

**Open 0800-1600**

### Invoice To :

Finance Department - North Lodge  
East Suffolk and North Essex NHS FT  
Turner Road  
Colchester  
Essex  
CO4 5JL  
ESNE@instream.ai



East Suffolk and North Essex  
NHS Foundation Trust

**Official Order No: 200352971**

Please quote the Purchase Order no  
on all correspondence

**Order Date:** 04/06/2026

**Buyer:** Web Buyer

**Tel:**

**Contract Ref:**

**Account No:**

**Notes**

### Supplier :

Viamed Ltd  
15 Station Road  
Cross Hills  
Keighley  
West Yorkshire

BD20 7DT  
01535 634542

**Requisitioner:** Alison Olney

**Requisition No:** 100354970

**Manual Req No:** WEB0327909

**Requisition Pt:** Neonatal Unit

Line	Qty	Unit	Product Code	Description	Delivery By	Unit Price	Line Value Excl VAT
001	3		1114005	EyeMax 2 Neonatal Phototherapy Mask - Regular	11/06/2026	56.70	170.10
002	3		1114006	EyeMax 2 Neonatal Phototherapy Mask - Premie	11/06/2026	56.70	170.10
003	1		1114007	EyeMax 2 Neonatal Phototherapy Mask - Micro	11/06/2026	56.70	56.70
004	1		VIAMEDCARR1	Carriage Charge	11/06/2026	12.00	12.00
						<b>Total Value:</b>	<b>408.90</b>

**We are an end user for the purposes of section 55A VAT Act 1994 reverse charge for building and construction services.  
Please issue us with a normal VAT invoice, with VAT charged at the appropriate rate. We will not account for the reverse charge.**

### Conditions of Order

1. All invoices must quote Official Order Number.
2. All goods must be accompanied by a Delivery Note quoting the Official Order Number.
3. Unless specified otherwise on the order this order is subject to the relevant NHS Standard Terms and Conditions of Contract.