PURCHASE ORDER

23 Jul 2026
10:26:27

990142994

Order Date: 23 Jul 2026

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

Supplier Telephone Fax: 01535 634542
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

Requistion No/Web Ref: WEB0267126

Requistioning Point: QH3218-WOODLAND NEONATAL (SCBU) WGH

Line No	Product Code	Product Description	Contract Code	Unit of Purchase	Order Quantity	Unit Price	Order Value	Contract or Supplier Reference	VAT Rate	Delivery Date
001		1114005 - EyeMax2 Phototherapy Eye - Regular 32 - 38cm			6.00	58.90	353.40		20.00	23 Jul 2026
002		1114006 - EyeMax2 Phototherapy Eye - Premie 26 - 32cm			3.00	58.90	176.70		20.00	23 Jul 2026
Order Total							**530.10**			

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: