

PURCHASE ORDER25 Aug 2026
10:53:26**440192313****Order Date:** 25 Aug 2026**Supplier Name/Address:** 003442 : VIAMED
15 STATION ROAD
CROSSHILLS
KEIGHLEY
WEST YORKSHIRE
BD20 7DT**Supplier Telephone:** 01535 634542
Fax: 01535 635582**Delivery Location:** CLINICAL ENGINEERING-WGH
WATFORD GENERAL HOSPITAL
VICARAGE ROAD
WATFORD
HERTS
WD18 0HB**Queries Contact::** Chris Bradley**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:** LEE PHILIPSON**Requisition No/Web Ref:** WEB0268403**Requisitioning Point:** QH3120-CLINICAL ENGINEERING-WGH

<u>Line</u>	<u>Product</u>	<u>Product</u>	<u>Contract</u>	<u>Unit of</u>	<u>Order</u>	<u>Unit</u>	<u>Order</u>	<u>Contract or</u>	<u>VAT</u>	<u>Delivery</u>
<u>No</u>	<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Purchase</u>	<u>Quantity</u>	<u>Price</u>	<u>Value</u>	<u>Supplier</u>	<u>Rate</u>	<u>Date</u>
								<u>Reference</u>		
001		ref 0110041, Viamed R-41V Oxygen Sensor as per attached web image.			3.00	44.80	134.40		20.00	01 Sep 2026

Order Total**134.40****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: