Official Purchase Order, Western Sussex Hospitals NHS FT

PURCHASE ORDER 211124826

Buyer - EDC Buyer **Tel** - 01243 831742 **Date Order Raised -** 18/02/2020

Click to acknowledge Order--> Send Order Acknowledgement

SUPPLIER DETAILS	DELIVERY ADDRESS	INVOICE ADDRESS
VIAMED 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE BD20 7DT Tel: 01535634542 Fax: 01535635582	EDC Requsitioner Req Point Code: 210231 WOR BEEDING WARD-W702 MAIN STORES (EAST WING) WORTHING HOSPITAL HOMEFIELD ROAD WORTHING WEST SUSSEX BN11 2DH	Western Sussex Hosp NHS Trust C/O NHS SBS Financial Services PO Box 7810, Corby NN17 9HF wsxhapinvoices.sbs-e@nhs.net

For queries regarding this purchase order please contact the buyer named above or email: buying@wsht.nhs.uk

Order Line	Product Code	Product Description	Quantity	Unit Price	Order Value (exc VAT)
001	1114005	1114005 EYEMAX 2 NEONATAL PHOTOTHERAPY MASK REGULAR PK 1 (CN:CQ:VIAM/06/20)	1	42.50	42.50
002	1114006	1114006 PREEMIE EYEMAX 2 (26CM - 32CM) BX 20 (CN:CQ:VIAM/06/20)	1	40.75	40.75
				TOTAL ORDER VALUE (£) Ex VAT	**83.25**

Purchase Order Comments

This Purchase Order is placed with your organisation subject to the application of our terms and conditions as referred to in the Department of Health's "Applicable Contract Terms Policy" which can be found at the following website (https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services)
For queries regarding this purchase order please contact the buyer named above. For all invoice / remittance advice queries, please ring **0844 894 0143 Option 3** or email **wsxhapqueries.sbs-e@nhs.net**