

PURCHASE ORDER

Supplier's Order

Order Number: IMPO023292

Order Date: 20-FEB-20 Supplier Code: VI0003

Reference: IMPO023292

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Order to: VIAMED LIMITED 15 STATION ROAD **CROSS HILLS** KEIGHLEY WEST YORKSHIRE BD20 7DT

Deliver to:

STORES DEPARTMENT

NORTHAMPTON GENERAL HOSPITAL NHS TRUST CLIFTONVILLE NORTHAMPTON, NN1 5BD

Email: supplies.dept@ngh.nhs.uk

All invoices to:

PAYMENTS DEPARTMENT

NORTHAMPTON GENERAL HOSPITAL NHS TRUST

CLIFTONVILLE NORTHAMPTON

NN1 5BD

Email: nghpayments@ngh.nhs.uk

5520 751) (Email: hghpaymonts@nghimis.ak			
Product or Service	ату	NOM	Date Required	Contract Ref	Price	Net Value	
1114005 EYEMAX 2 NEONATAL PHOTOTHERAPY MASK MODEL R300P01 BLUE SIZE REGULAR	1.00	PACK 20	20-FEB-20		42.50	42.5	
Terms and Conditions					TOTAL	42.5	

Terms and Conditions

Unless specified as an order placed under an existing contract, the order is subject to the NHS conditions of Contract for the Purchase of Goods and the Contract for the supply of Services (copies of which may be obtained on application) and the terms and conditions set out therein. Any queries please contact Supplies on 01604 545115 For and on behalf of Northampton General Hospital NHS Trust