

**PURCHASE ORDER 211129286**

Buyer - EDC Buyer

Tel - 01243 831742

Date Order Raised - 23/03/2020

Click to acknowledge Order--> [Send Order Acknowledgement](#)

<b>SUPPLIER DETAILS</b> VIAMED 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE  BD20 7DT  Tel: 01535634542 Fax: 01535635582	<b>DELIVERY ADDRESS</b> EDC Requisitioner  Req Point Code: K12650 SRH PAEDIATRIC SCBU MM-W201 MAIN STORES ST. RICHARDS HOSPITAL SPITALFIELD LANE CHICHESTER WEST SUSSEX PO19 6SE	<b>INVOICE ADDRESS</b> Western Sussex Hosp NHS Trust C/O NHS SBS Financial Services PO Box 7810, Corby NN17 9HF wsxhapinvoices.sbs-e@nhs.net
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For queries regarding this purchase order please contact the buyer named above or email: [buying@wsht.nhs.uk](mailto:buying@wsht.nhs.uk)

Order Line	Product Code	Product Description	Quantity	Unit Price	Order Value (exc VAT)
001	0021013	0021013 POSEY PULSE OXIMETRY SENSOR WRAP NEONATAL FOOT - PRICE WHEN ORDERING QTY 3 - 10 BX 12 (CN:CQ:VIAM/06/20)	3	9.65	28.95
002	1114006	1114006 PREEMIE EYEMAX 2 (26CM - 32CM) BX 20 (CN:CQ:VIAM/06/20)	1	40.75	40.75
<b>TOTAL ORDER VALUE (£) Ex VAT</b>					<b>69.70</b>

**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**