

**PURCHASE ORDER**



**Supplier:**  
 VIAMED LTD  
 15 STATION ROAD  
 CROSS HILLS  
 KEIGHLEY, BD20 7DT  
  
 01535634542  
 GLN:210076186

**Deliver to:**  
 CENTRAL STORES  
 PETERBOROUGH CITY HOSPITAL  
 EDITH CAVELL CAMPUS, BRETTON  
 PETERBOROUGH, PE3 9GZ

<b>Order Number</b>	233204281
<b>Date</b>	23-MAR-20

**Buyer** WILLIAM RGN MITCHAM  
**Telephone** 01480 418744  
**Email** william.mitcham@nhs.net  
  
 RGN0271 TRANSITIONAL CARE W&C UNIT PCH

**Invoice to:**  
 NORTH WEST ANGLIA NHS FT  
 RGN PAYABLES 7455  
 PHOENIX HOUSE, TOPCLIFFE LANE  
 WAKEFIELD, WF3 1WE  
  
 0303 123 1177  
 GLN:

Goods will be received only between 08.30 and 16.00 hours  
 Monday to Friday.  
  
 TEL: 01733 673650

Quantity Required	U.O.M	Supplier Part Number:	Description	Delivery Date	Unit Price (Inc Discount)	Line Value GBP
2	PACK	20 1114005	1114005 (PACK 20) EYEMAX 2 PHOTOTHERAPY GOGGLES MODEL R300P01 BLUE REGULAR PACK 20 (CN:GHX7091)	26-MAR-20	42.50	85.00

Total Value of Order (Exc VAT) 85.00

**Instructions to Supplier:** This order is subject to the standard NHS Terms and Conditions of contract. For a copy of these please contact the Buyer for this order. Any price alterations must be agreed with the buyer prior to order execution. The above order number must be quoted on all invoices, acknowledgements, delivery notes and other correspondence. A delivery note must accompany each consignment of goods. The order must not be passed to any third party for supply. Any invoices not complying with these instructions will be returned unpaid to the supplier.