

**Purchasing and Supplies Department**

**Deliver To:** CONQUEST  
CONQUEST HOSPITAL  
SERVICE CENTRE, GENERAL STORE  
THE RIDGE  
ST. LEONARDS ON SEA  
E.SUSSEX, TN37 7RD TN37 7RD

**Date Required:** 08/04/2020 Between 8am and 4pm

**Purchase Order No.** : 213602899  
**Date** : 01/04/2020  
**Supplies Contact** : AMANDA PACKER  
**Tel No.** : 03001314501 734501  
**Email** esh-tr.suppliescustomerservices@nhs.net

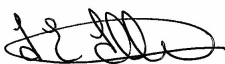
**Supplier:-** 00489500  
VIAMED LTD  
15 STATION ROAD  
CROSS HILLS  
KEIGHLEY  
WEST YORKSHIRE  
  
BD20 7DT  
Fax Number: 01535 635582

**Invoice And Payment Queries To :**  
ACCOUNTS PAYABLE DEPARTMENT  
EAST SUSSEX HEALTHCARE NHST  
ST. ANNES HOUSE  
729 THE RIDGE, ST LEONARDS O/S  
EAST SUSSEX, TN37 7PT  
TELEPHONE : 01424 754488 x2220  
**Email** esh-tr.ap@nhs.net

**Internal Use Only**

**Req. No.** : WEB0153625  
**Requisition Point** 5V1104  
**Req Point Desc.** :  
FRANK SHAW WARD CONQUEST  
**Contact** : Anna Tye

**Settlement Terms :**

CATALOGUE CODE	QUANTITY/ UNIT OF ISSUE	DESCRIPTION	UNIT PRICE EXCL VAT	VALUE £	FINANCIAL CODE
FKW898600	3.00 PACK OF 20	EYE MASK PHOTOTHERAPY REGULAR 1114005 COLOUR BLUE HEAD CIRCUMFERENCE 32-38cm	42.50	127.50 0.00 DISC 25.50 VAT 153.00 TOTAL	1231/702099
ZZZ000700	1.00 SEE TEXT	CARRIAGE CHARGE IS APPLICABLE OF:	5.00	5.00 0.00 DISC 1.00 VAT 6.00 TOTAL	1231/723005
SIGNED   POSITION Senior Category Manager FOR AND ON BEHALF OF THE TRUST			TOTAL VALUE £ INCL OF VAT  PRICES INCLUDE ALL CARRIAGE COST UNLESS OTHERWISE EXPRESSLY AGREED	159.00	THESE GOODS AND SERVICES WERE RECEIVED ON ____/____/____  SIGNED .....  POSITION .....