PURCHASE ORDER

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WESTERN SUSSEX HOSPITALS NHS FT



Supplier:

VIAMED LTD 15 STATION ROAD CROSS HILLS KEIGHLEY, BD20 7DT

01535634542

Buyer	ALISON RYR TAYLOR
Telephone	01243 788122
Email	alison.taylor9@nhs.net

RYR WOR BRAMBER WARD H26614

Deliver to:

MAIN STORES (EAST WING) WORTHING HOSPITAL HOMEFIELD ROAD WORTHING, BN11 2DH

Invoice to:

WESTERN SUSSEX HOSPITALS NHS RYR PAYABLES F845 PHOENIX HOUSE, TOPCLIFFE LANE WAKEFIELD, WF3 1WE

0303 123 1177 GLN:

Order Number	342000589	
Date	03-APR-20	

For general procurement queries, please contact 01243 788122
For invoice queries, please contact SBS on 0303 123 1177
Please note that the Trust is encouraging its suppliers to adopt
TRADESHIFT to submit invoices electronically. Further information on
TRADESHIFT can be found here
https://www.sbs.nhs.uk/supplier-einvoicing
Opening Hours for Main Stores St. Richards Hospital 8am to 4pm Mon-Fri
Opening Hours for Main Stores Worthing Hospital 8am to 4pm Mon-Fri

Quantity	U.O.M	Supplier	Description	Delivery	Unit Price	Line Value
Quantity	0.0	ouppiio.	Boompaon		O	
Required		Part Number:		Date	(Inc Discount)	GBP
Required		rait Nullibel.		מם	(inc biscount)	OBI

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EYEMAX 2 NEONATAL PHOTOTHERAPY MASK - REGULAR 04-APR-20 (CN:CQ:VIAM/06/20)

42.50

42.50

Total Value of Order (Exc VAT)

42.50

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.