Purchase Order No. REPN400007411	**Rev No.** 0	**Page 1** of **1**
Date of Order 17-APR-2020	**Revision Date**	

Liverpool Women's NHS Foundation Trust

Supplier:
Viamed Ltd
15 Station Road
Cross Hills
Keighley
BD20 7DT
Tel:
Fax:

Deliver To:
Receipting And Distribution Loading Bay
Liverpool Women's Nhs Foundation Trust
Crown Street
Liverpool
L8 7SS
United Kingdom

Invoice To:
Liverpool Womens Hospital
Finance Department
Crown Street
Liverpool
L8 7SS
United Kingdom
Tel: 0151 7089988
Email:

Enquiries To:
Lee Jones
Receipting And Distribution Loading Bay
Liverpool Women's Nhs Foundation Trust
Crown Street
Liverpool
L8 7SS
Tel:
Email: lee.jones@lwh.nhs.uk

Important Information:
1. 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 AND SOCIAL CARE'S "APPLICABLE CONTRACT TERMS POLICY": https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services
"2. THE TRUST WILL ONLY ACCEPT DELIVERIES WHICH ARE ACCOMPANIED BY OUR OFFICIAL ORDER NUMBER. 3. INVOICES MUST BE SENT TO THE FINANCE DEPARTMENT AT THE ABOVE ADDRESS. 4. UNLESS OTHERWISE AGREED, ALL DELIVERIES WILL BE CARRIAGE PAID. 5. PLEASE NOTE THAT DELIVERIES WILL BE ACCEPTED BETWEEN THE HOURS OF 08:00AM AND 16:00PM, MONDAY TO FRIDAY UNLESS ALTERNATIVE ARRANGEMENTS HAVE BEEN MADE. 6. FOR ALL OTHER ENQUIRIES ABOUT THIS ORDER PLEASE CONTACT THE PROCUREMENT HELPDESK AT PROCUREMENT@LWH.NHS.UK 7. C.E. MARKINGS - MEDICAL DEVICE REGULATIONS SI 1944 No. 3017 MUST BE ADHERED TO WHERE APPLICABLE

Line No.	Product Code	Description of Goods or Services	Qty	Unit of Measure	Unit Price	Line Total	Deliver by Date	Contract/Quote Reference
1	1114005	**1114005 - EyeMax 2 Neonatal Phototherapy Mask - Regular - Each - 20** Note:	4	Each	42.500	170.00	28/04/2020	REPN600000022
					Total GBP:	**170.00**		