

# PURCHASE ORDER

Supplier's Order

Order Number : IMPO026227  
 Order Date : 14-MAY-20  
 Supplier Code : VI0003  
 Reference : IMPO026227  
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Order to:  
 VIAMED LIMITED  
 15 STATION ROAD  
 CROSS HILLS  
 KEIGHLEY  
 WEST YORKSHIRE  
 BD20 7DT

Deliver to:  
**STORES DEPARTMENT**  
 NORTHAMPTON GENERAL HOSPITAL NHS TRUST  
 CLIFTONVILLE  
 NORTHAMPTON, NN1 5BD  
 Email: supplies.dept@ngh.nhs.uk

All invoices to:  
**PAYMENTS DEPARTMENT**  
 NORTHAMPTON GENERAL HOSPITAL NHS TRUST  
 CLIFTONVILLE  
 NORTHAMPTON  
 NN1 5BD  
 Email: nghpayments@ngh.nhs.uk

| Product or Service                                                             | QTY  | UOM     | Date Required | Contract Ref | Price        | Net Value    |
|--------------------------------------------------------------------------------|------|---------|---------------|--------------|--------------|--------------|
| 1114005 EYEMAX 2 NEONATAL PHOTOTHERAPY MASK<br>MODEL R300P01 BLUE SIZE REGULAR | 1.00 | PACK 20 | 14-MAY-20     |              | 42.50        | 42.50        |
|                                                                                |      |         |               |              | <b>TOTAL</b> | <b>42.50</b> |

## Terms and Conditions

Unless specified as an order placed under an existing contract, the order is subject to the NHS conditions of Contract for the Purchase of Goods and the Contract for the supply of Services (copies of which may be obtained on application) and the terms and conditions set out therein.

Any queries please contact Supplies on 01604 545115  
 For and on behalf of Northampton General Hospital NHS Trust