PURCHASE ORDER

Page 1 of 1



Supplier:

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

01535 634542 GLN:210076186

Buyer	SARAH,RP5 HEMPSALL		
Telephone			
Email	DBTH.CATALOGUES@NHS.NET		

RP51098 WARD M1 DRI

Deliver to:

DONCASTER ROYAL INFIRMARY MAIN STORES, GATE 5 ARMTHORPE ROAD DONCASTER, DN2 5LT

GLN:5055219000667

Invoice to:

DONCASTER & BASSETLAW TEACHIN **RP5 PAYABLES F655** PHOENIX HOUSE, TOPCLIFFE LANE WAKEFIELD, WF3 1WE

0303 123 1177 GLN:

Order Number	323181212	
Date	03-JUN-20	

NOTE

- This purchase order is placed against the standard NHS Conditions of Contract.
- Any alteration in price must be agreed before the order is executed.
- The full Official Purchase Order No. must be quoted on all correspondence and
- All goods to be despatched carriage paid unless specified on the order.
- Alternative products must not be despatched unless agreed in writing beforehand.

Quantity Required	U.O.M	Supplier Part Number:	Description	Delivery Date	Unit Price (Inc Discount)	Line Value GBP
20	PACK	1114005	EYEMAX 2 NEONATAL PHOTOTHERAPY MASK - REGULA GTIN :5051826003107	R 04-JUN-20	42.50	850.00
1	EACH	Carriage	Carriage Charge		10.00	10.00

Total Value of Order (Exc VAT)

860.00

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.