

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 SRH PAEDIATRIC SCBU MM H25621

Deliver to:

MAIN STORES
ST. RICHARDS HOSPITAL
SPITALFIELD LANE
CHICHESTER, PO19 6SE

Invoice to:

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

0303 123 1177
GLN:

Order Number

342006411

Date

08-JUN-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-invoicing>
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 Required	U.O.M	Supplier Part Number:	Description	Delivery Date	Unit Price (Inc Discount)	Line Value GBP
1 PACK 1		1114005	EYEMAX 2 NEONATAL PHOTOTHERAPY MASK - REGULAR (CN:CQ:VIAM/06/20)	09-JUN-20	42.50	42.50
3 BOX 12		0021013	POSEY PULSE OXIMETRY SENSOR WRAP NEONATAL FOOT - Price when ordering qty 3 - 10 (CN:CQ:VIAM/06/20)	09-JUN-20	9.65	28.95

Total Value of Order (Exc VAT)

71.45

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.