BUCKINGHAMSHIRE HEALTHCARE NHS TRUST						age: 1	of 1	
Supplier VIAMED 15 STATION ROAD CROSS HILLS KEIGHLEY W. YORKSHIRE BD20 7DT			Delivery Point SMH-SPECIAL CARE BABY UNIT GENERAL STORES - SMH ENTRANCE 2 STOKE MANDEVILLE HOSPITAL AYLESBURY BUCKS HP21 8AL	Dat				
				BUCKINGHAMSHIRE ACCOUNTS PAYABLE WHIELDEN STREET, BUCKS	Invoice Address (only invoice queries to this address) BUCKINGHAMSHIRE HEALTHCARE NHS TRUST ACCOUNTS PAYABLE DEPT, AMERSHAM HOSPITAL WHIELDEN STREET, AMERSHAM BUCKS HP7 OJD			
endor No.	ITZI OAL							
uantity	Unit of Purchase	Product Code	Order Specification	Unit Price excluding VAT	Value excluding VAT	VAT	Delivery Required by	
2.00	BOX 20	1114005	EyeMax 2 Neonatal Phototherapy Mask - Regular	42.50	85.00	01	25/06/20	
2.00	BOX 20	1114006	EyeMax 2 Neonatal Phototherapy Mask - Preemie	40.75	81.50	01	25/06/20	
CONDITIONS OF SUPPLY				Total Net Value	166.50			
 This Order is subject to the Conditions of Contract applicable to the Contract/Quotation referred to above. In the absence of such reference the N.H.S. Conditions of Contract for the Purchase of Goods will apply (Copy available on request). 					33.30 199.80			
2. A Delivery Note must accompany each delivery of the goods.					All Order Price & Delivery charge queries:			
3. This order (E263271) must be quoted on all delivery notes, invoices and correspondence.					email: eproc.enquiries@buckshealthcare.nhs.uk			
4. Each invoice must refer to one order number only.					All Product / Service queries contact : email: david.house@nhs.net			
5. Failure to address correctly as stated on this order will result in a delay in payment.					Invoice enquiries only:			
6. Delivery between 0830 and 1600 Monday to Thursday 0830 and 1500 Friday (unless otherwise stated)				email: apfinance	email: apfinance@buckshealthcare.nhs.uk			