



<b>Supplier:</b> Viamed 15 Station Road Cross Hills Keighley F. 01535 635582 BD20 7DT	<b>Deliver to/Execute Work at:</b> Maternity Ward - GRH c/o Distribution Stores Gloucestershire Royal Hospital Off Horton Road Gloucester GL1 3NN	<b>Invoice Address:</b> Glos Hospitals NHS Foundation Trust Gloucestershire Shared Services PO Box 9031 Gloucester Gloucestershire GL1 2YZ <i>Remit invoices by email to:</i> ghn-tr.glosfssap@nhs.net
<b>Acknowledgements &amp; enquiries concerning this order to:</b> Auto Buyer GHX      0300 422 2665 ghn-tr.procurement1mailbox@nhs.net	<b>Delivery on or before:</b>	<b>Contract Ref:</b> F5.219GHTV1 <b>Contract Nbr:</b>

Item Reference/ Contract	Description (inc. Quotation/Tender Ref.)	Date Required	Unit of Purchase	No. of Units Required	Unit Price excl. VAT	Total Price excl. VAT
01114005	Eyemax 2 Phototherapy Mask Regular	29/06/2020	PK	2	42.50	85.00
01114006	Eyemax 2 Neonatal Phototherapy Mas	29/06/2020	PK	1	40.75	40.75



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<b>Comments</b>  Gloucestershire NHS Organisations: As Public Authorities we are subject to the Freedom of Information Act 2000. This means that any information you have provided <b>may</b> be publicly disclosed if requested.  Unless explicitly stated in the body of this Purchase Order, the applicable Terms and Conditions for this order shall be as per the Department of Health and Social Care's "Applicable Contract Terms Policy" available at Gov.uk In accepting this order, the supplier is agreeing to adhere to the NHS Counter Fraud Authority Suppliers' Code of Practice: preventing fraud, bribery and corruption. The Trust operates a no PO, no pay policy. All Invoices must include this Purchase Order number and be sent to the invoice address stated above, any omission(s) will result in delays in payment.			<b>TOTAL VALUE</b> (Excluding VAT where applicable)		125.75	
			<b>TOTAL VAT</b>		25.15	
			<b>TOTAL VALUE</b>		150.90	
			<b>AUTHORISED BY PROCUREMENT</b>			