



# PURCHASE ORDER

990102920

Order Date: 30-Jun-2020  
Supplier No: 003442  
Supp Name: VIAMED  
Address: 15 STATION ROAD  
CROSSHILLS  
KEIGHLEY  
WEST YORKSHIRE  
BD20 7DT  
Supp Telephone: 01535 634542  
Delivery Address: R/D RECEIPT AND DELIVERY POINT-WGH  
NB ACCESS VIA VICARAGE RD ONLY  
WATFORD GENERAL HOSPITAL  
VICARAGE ROAD  
WATFORD  
DELIVERIES BETWEEN 8AM-1PM  
WD18 0HB

Queries Contact: **West Herts Hospitals Procurement**  
Telephone Number: **01707 356170**  
Order Queries Please Contact: [westherts.buyingteam@nhs.net](mailto:westherts.buyingteam@nhs.net)  
Telephone Extension:  
Invoice To: WEST HERTS HOSPITALS NHS TRUST  
FINANCE DEPT  
WILLOW HOUSE  
VICARAGE ROAD  
WATFORD  
HERTS  
WD18 0HB

Email address for invoices and invoice queries: [wherts-tr.accountspayable@nhs.net](mailto:wherts-tr.accountspayable@nhs.net)

Requisitioner Name: Paula Holden  
Requisition No/Web Ref: WEB0168730  
Requisitioning Point: QH3218-SCBU-SPECIAL CARE BABY UNIT WGH

Line Number	Product Code	Product Description	Contract	Order		VAT		Delivery Date
			Code	Unit of Purchase	Order Quantity	Order Price	Order Rate	
001	1114005	EyeMax2 Phototherapy Eye - Regular 32 - 38cm		Pack 20	6.00	42.50	255.00	20.00 03-Jul-2020
							255.00	

A copy of our Terms and Conditions is available on request

Purchase order acknowledgements / confirmations / queries to [wherts-tr.buyingteam@nhs.net](mailto:wherts-tr.buyingteam@nhs.net)

All delivery notes and invoices associated with this purchase order must quote the purchase order number