## **PURCHASE ORDER**

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## NORTH WEST ANGLIA NHS FOUNDATION TRUST



Supplier:

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

01535634542 GLN:210076186

Buyer	MICHAEL RGN CHRISTOFOROU
Telephone	01480 363538
Email	michael.christoforou@nhs.net

**RGND11031 INPATIENT MATERNITY** 

Deliver to:

MAIN STORES HINCHINGBROOKE HOSPITAL HINCHINGBROOKE PARK HUNTINGDON, PE29 6NT

Invoice to:

NORTH WEST ANGLIA NHS FT **RGN PAYABLES 7455** PHOENIX HOUSE, TOPCLIFFE LANE WAKEFIELD, WF3 1WE

0303 123 1177 GLN:

Order Number	233212451	
Date	07-AUG-20	

Goods will be received only between 08.30 and 16.00 hours Monday to Friday.

TEL: 01733 673650

Quantity Required	U.O.M	Supplier Part Number:	Description	Delivery Date	Unit Price (Inc Discount)	Line Value GBP
1	PACK 20		1114006 (PACK 20) EYEMAX 2 PHOTOTHERAPY GOGGLES PREMIE MODEL R300P02 ORANGE PACK (CN:510-2017-04-LF)	02-AUG-20	40.75	40.75
1	PACK 20		1114005 (PACK 20) EYEMAX 2 PHOTOTHERAPY GOGGLES MODEL R300P01 BLUE REGULAR PACK 20 (CN:GHX7091)	02-AUG-20	42.50	42.50

Total Value of Order (Exc VAT)

83.25

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.