

Purchase Order SWBH-060948-20-21

Supplier Details:

Company VIAMED
Contact
Address 15 STATION ROAD
CROSS HILLS
KEIGHLEY
BD20 7DT

Submit your response to:

Company Sandwell and West Birmingham Hospitals NHS Trust
Contact CLAIRE CUSHING
Address SWBH Registered Office
City Hospital
Dudley Road
BIRMINGHAM
West Midlands
B18 7QH
Phone
Fax
E-mail claire.cushing@nhs.net

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1. The above Purchase Order Number must be quoted on all invoice, delivery notes and other correspondence. Failure to do so may result in rejection of goods or delay in payment. Please send Invoices to: swb-tr.SWBH-GM-APIInvoices@nhs.net and please send Statements to: swb-tr.swbh-gm-apstatement@nhs.net
2. This order is issued in accordance with NHS Standard terms and Conditions which can be downloaded at <https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services>.
3. If there are any queries please contact the above mentioned Trust employee prior to processing this order.
4. Contracted organizations processing personal data on behalf of SWBH must comply with General Data Protection Regulation and Information Governance requirements and be subject to regular checks.
5. In accepting this purchase order suppliers to the Trust confirm compliance with the Trust's Supplier Code of Conduct, found on the Trust's website.

This agreement between Sandwell and West Birmingham Hospitals NHS Trust and VIAMED is authorized for binding commitment. The parties hereto have read and executed this agreement as of the _____ day of _____, _____.

Purchase Order SWBH-060948-20-21

Order	SWBH-060948-20-21
Order Date	12-AUG-2020
Revision	0
Ordered	34.50 GBP

Sold To

**Sandwell and West Birmingham
Hospitals NHS Trust
SWBH Registered Office
City Hospital
Dudley Road
BIRMINGHAM
West Midlands
B18 7QH**

Supplier **VIAMED**
15 STATION ROAD
CROSS HILLS
KEIGHLEY
BD20 7DT

Bill To

**SWBH BU
FINANCE DEPARTMENT
FIRST FLOOR (ROOM 17)
TRINITY HOUSE, LYNDON
WEST BROMWICH
B71 4HJ
UNITED KINGDOM**

Ship To **CITY HOSPITAL, DUDLEY ROAD
RECEIPTS & DISTRIBUTION
BIRMINGHAM, WEST MIDS. B18 7QH
OPEN MON - FRI 08:00 - 16:00
B18 7QH
UNITED KINGDOM**

Notes GBP = Pound Sterling

Customer Account Number	Supplier Number	Payment Terms	Freight Terms	FOB	Shipping Method
	10686	Net 30			
Confirm To				Deliver To Contact	
REA Bell				CLAIRE CUSHING E-mailclaire.cushing@nhs.net	

Line	Item	Price	Quantity	UOM	Ordered	Taxable
1	neonatal eye mask Code 11140005	34.50		BOX		
	Supplier Item 11140005					
		Promised	1	BOX	34.50	
		Requested				
	Requested and Promised Dates correspond to the date when goods are to be shipped.					
				Line Total	34.50	
			Total		34.50	