

PURCHASE ORDER

Page 1 of 1

ST. HELENS&KNOWSLEY HOSPITALS NHS TRUST



Supplier:

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

01535634542
GLN:

Buyer LYNNE RBN RITSON

Telephone

Email lynne.ritson@sthk.nhs.uk

RBN007E WARD 3F

Deliver to:

RECEIPT & DISTRIBUTION CENTRE
WHISTON HOSPITAL
STONE Y LANE ENTRANCE
PRESCOT, Merseyside L35 5DR

Invoice to:

ST. HELENS&KNOWSLEY HOSPITALS
RBN PAYABLES B225
PHOENIX HOUSE, TOPCLIFFE LANE
WAKEFIELD, WF3 1WE

0303 123 1177
GLN:

Order Number

135344985

Date

19-AUG-20

Standard Trust Payment Terms: Net Monthly

Goods will be received only between 08:30 and 16:00 hours Monday to Thursday
and 08:30 and 15:00 hours on Fridays.

This order is subject to NHS Terms and conditions of contract.

For a copy of the relevant version please see this link:

<https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services>

If you are not sure which version applies please contact the buyer

You can now register for free e-invoicing via Tradeshift. For more information visit:
<https://www.sbs.nhs.uk/supplier-invoicing>

Quantity Required	U.O.M	Supplier Part Number:	Description	Delivery Date	Unit Price (Inc Discount)	Line Value GBP
1	PACK	1114006	Preemie 1114006	18-AUG-20	40.75	40.75
1	PACK	1114005	eye max Regular2 1114005	18-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.