

# PURCHASE ORDER

Supplier's Order

Order Number : IMPO030117  
Order Date : 10-SEP-20  
Supplier Code : VI0003  
Reference : IMPO030117  
Page : 1

Order to:  
VIAMED LIMITED  
15 STATION ROAD  
CROSS HILLS  
KEIGHLEY  
WEST YORKSHIRE  
BD20 7DT

Deliver to:  
**STORES DEPARTMENT**  
NORTHAMPTON GENERAL HOSPITAL NHS TRUST  
CLIFTONVILLE  
NORTHAMPTON, NN1 5BD  
  
Email: supplies.dept@ngh.nhs.uk

All invoices to:  
**PAYMENTS DEPARTMENT**  
NORTHAMPTON GENERAL HOSPITAL NHS TRUST  
CLIFTONVILLE  
NORTHAMPTON  
NN1 5BD  
Email: nghpayments@ngh.nhs.uk

Product or Service	QTY	UOM	Date Required	Contract Ref	Price	Net Value
1114005 EYEMAX 2 NEONATAL PHOTOTHERAPY MASK MODEL R300P01 BLUE SIZE REGULAR Product: 1114005 Contract: .	1.00	PACK 20	10-SEP-20		42.50	42.50
1114006 EYEMAX 2 NEONATAL PHOTOTHERAPY MASK MODEL R300P02. ORANGE SIZE PREMIE Product: 1114006 Contract: .	1.00	PACK 20	10-SEP-20		40.75	40.75
					<b>TOTAL</b>	<b>83.25</b>

## Terms and Conditions

Unless specified as an order placed under an existing contract, the order is subject to the NHS conditions of Contract for the Purchase of Goods and the Contract for the supply of Services (copies of which may be obtained on application) and the terms and conditions set out therein.

Any queries please contact Supplies on 01604 545115

For and on behalf of Northampton General Hospital NHS Trust