Gloucestershire Hospitals NHS Foundation Trust

NHS

PURCHASE ORDER No. GSS821382

ORDER DATE: 15/09/2020 **Page:** 1 of 1

AMENDMENT ORDER

Supplier:	**Deliver to/Execute Work at:**	**Invoice Address:**
Viamed 15 Station Road Cross Hills Keighley F. 01535 635582 BD20 7DT	Neonatal Unit - GRH c/o Distribution Stores Gloucestershire Royal Hospital Off Horton Road Gloucester GL1 3NN	Glos Hospitals NHS Foundation Trust Gloucestershire Shared Services PO Box 9031 Gloucester Gloucestershire GL1 2YZ ***Remit invoices by email to:*** ghn-tr.glosfssap@nhs.net

Acknowledgements & enquiries concerning this order to:	**Delivery on or before:**	**Contract Ref:**
Samantha Westphal 0300 422 2663 samantha.westphal@nhs.net	09/09/2020	**Contract Nbr:**

Item Reference/ Contract	Description (inc. Quotation/Tender Ref.)	Date Required	Unit of Purchase	No. of Units Required	Unit Price excl. VAT	Total Price excl. VAT
1114005	EYEMAX 2 PHOTOTHERAPY MASK REGULAR	**Line Added**				
	Schedule Added	24/09/2020	PK	5	42.75	213.75

Comments

TOTAL VALUE (Excluding VAT where applicable)	213.75
TOTAL VAT	42.75
TOTAL VALUE	256.50

Gloucestershire NHS Organisations: As Public Authorities we are subject to the Freedom of Information Act 2000. This means that any information you have provided **may** be publicly disclosed if requested.

Unless explicitly stated in the body of this Purchase Order, the applicable Terms and Conditions for this order shall be as per the Department of Health and Social Care's "Applicable Contract Terms Policy" available at Gov.uk
In accepting this order, the supplier is agreeing to adhere to the NHS Counter Fraud Authority Suppliers' Code of Practice: preventing fraud, bribery and corruption.
The Trust operates a no PO, no pay policy. All Invoices must include this Purchase Order number and be sent to the invoice address stated above, any omission(s) will result in delays in payment.

AUTHORISED BY PROCUREMENT