



PURCHASE ORDER

440157217

Order Date: 21-Sep-2020
Supplier No: 003442
Supp Name: VIAMED
Address: 15 STATION ROAD
CROSSHILLS
KEIGHLEY
WEST YORKSHIRE
BD20 7DT
Supp Telephone: 01535 634542
Delivery Address: R/D RECEIPT AND DELIVERY POINT-WGH
NB ACCESS VIA VICARAGE RD ONLY
WATFORD GENERAL HOSPITAL
VICARAGE ROAD
WATFORD
DELIVERIES BETWEEN 8AM-1PM
WD18 0HB

Queries Contact: **Antonia Johnson**
Telephone Number:
Order Queries Please Contact: westherts.buyingteam@nhs.net
Telephone Extension:
Invoice To: WEST HERTS HOSPITALS NHS TRUST
FINANCE DEPT
WILLOW HOUSE
VICARAGE ROAD
WATFORD
HERTS
WD18 0HB

Email address for invoices and invoice queries: westherts.accountspayable@nhs.net

Requisitioner Name: Amanda Thomas
Requisition No/Web Ref: WEB0171756
Requisitioning Point: QH3218-SCBU-SPECIAL CARE BABY UNIT WGH

Line Number	Product Code	Product Description	Contract		Order		VAT Delivery Date	
			Code	Unit of Purchase	Quantity	Order Price	Unit Order Value	Rate
001		EyeMax2 Phototherapy Eye - Regular 32 - 38cm Ref: 1114005 UOI: 20 includes £10 delivery			6.00	44.17 265.00	20.00	21-Sep-2020
							265.00	

A copy of our Terms and Conditions is available on request

Purchase order acknowledgements / confirmations / queries to wherts-tr.buyingteam@nhs.net

All delivery notes and invoices associated with this purchase order must quote the purchase order number