

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:
--

Deliver to: RECEIPT & DISTRIBUTION CENTRE WHISTON HOSPITAL STONE LANE ENTRANCE PRESCOT, Merseyside L35 5DR

Order Number	135349343
Date	08-OCT-20

Buyer	LINDSEY RBN EDWARDS
Telephone	0151 676 5968
Email	lindsey.edwards@sthk.nhs.uk
RBN007E WARD 3F	

Invoice to: ST. HELENS&KNOWSLEY HOSPITALS RBN PAYABLES B225 PHOENIX HOUSE, TOPCLIFFE LANE WAKEFIELD, WF3 1WE 0303 123 1177 GLN:
--

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-einvoicing
--

Quantity Required	U.O.M	Supplier Part Number:	Description	Delivery Date	Unit Price (Inc Discount)	Line Value GBP
1 PACK		1114005	eyemax 2 regular Price provided by Sarah Walton at Viamed on 08/10/2020 plus £6.00 delivery charge	13-OCT-20	42.50	42.50

Total Value of Order (Exc VAT) 42.50

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.