


Purchase Order No. REPN400009699	Rev No. 0	Page 1 of 1	<div> <div></div> <div>Liverpool Women's NHS Foundation Trust</div> <div>  </div> </div>
Date of Order 15-OCT-2020	Revision Date		

Supplier: Viamed Ltd 15 Station Road Cross Hills Keighley BD20 7DT Tel: Fax:	Deliver To: Receipting And Distribution Loading Bay Liverpool Women's Nhs Foundation Trust Crown Street Liverpool L8 7SS United Kingdom	Invoice To: Liverpool Womens Hospital Finance Department Crown Street Liverpool L8 7SS United Kingdom Tel: 0151 7089988 Email:	Enquiries To: Lee Jones Receipting And Distribution Loading Bay Liverpool Women's Nhs Foundation Trust Crown Street Liverpool L8 7SS Tel: Email: lee.jones@lwh.nhs.uk
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Important Information:

1. THIS PURCHASE ORDER IS PLACED WITH YOUR ORGANISATION SUBJECT TO THE APPLICATION OF OUR TERMS AND CONDITIONS AS REFERRED TO IN THE DEPARTMENT OF HEALTH AND SOCIAL CARE'S "APPLICABLE CONTRACT TERMS POLICY": <https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services>

"2. THE TRUST WILL ONLY ACCEPT DELIVERIES WHICH ARE ACCOMPANIED BY OUR OFFICIAL ORDER NUMBER. 3. INVOICES MUST BE SENT TO THE FINANCE DEPARTMENT AT THE ABOVE ADDRESS. 4. UNLESS OTHERWISE AGREED, ALL DELIVERIES WILL BE CARRIAGE PAID. 5. PLEASE NOTE THAT DELIVERIES WILL BE ACCEPTED BETWEEN THE HOURS OF 08:00AM AND 16:00PM, MONDAY TO FRIDAY UNLESS ALTERNATIVE ARRANGEMENTS HAVE BEEN MADE. 6. FOR ALL OTHER ENQUIRIES ABOUT THIS ORDER PLEASE CONTACT THE PROCUREMENT HELPDESK AT PROCUREMENT@LWH.NHS.UK 7. C.E. MARKINGS - MEDICAL DEVICE REGULATIONS SI 1944 No. 3017 MUST BE ADHERED TO WHERE APPLICABLE

Line No.	Product Code	Description of Goods or Services	Qty	Unit of Measure	Unit Price	Line Total	Deliver by Date	Contract/Quote Reference
1	1114005	1114005 - EyeMax 2 Neonatal Phototherapy Mask - Regular - Each - 20 Note:	4	Each	42.500	170.00	22/10/2020	REPN600000022
					Total GBP:	170.00		