

PURCHASE ORDER

Page 1 of 1

WORCESTERSHIRE ACUTE HOSPITALS NHST



Supplier:

VIAMED LTD
15 STATION ROAD
CROSS HILLS
KEIGHLEY, WEST YORKSHIRE BD20 7DT

01535634542
GLN:

Buyer E RWP PROCUREMENT

Telephone

Email wah-tr.Procurement@nhs.net

RWP 183819 RIVERBANK UNIT- PAEDS

Deliver to:

WORCESTERSHIRE ROYAL HOSPITAL
LOADING BAY
CHARLES HASTINGS WAY
WORCESTER, WR5 1DD

Invoice to:

WORCESTERSHIRE ACUTE HOSPITAL
RWP PAYABLES 6485
PHOENIX HOUSE TOPCLIFFE LANE
WAKEFIELD, WF3 1WE

0303 123 1177
GLN:

Order Number

305400542

Date

16-OCT-20

PLEASE CHECK THIS P.O. IF ANY OF THE DETAILS CONCERNING THE ITEMS LISTED ARE BELIEVED TO BE INCORRECT, I.E. SUPPLIER CODE, ITEM DESCRIPTION, PRICE OR DELIVERY CHARGE,

PLEASE EMAIL FULL DETAILS OF THE AMENDMENTS TO:
WAH-TR.PURCHASING@NHS.NET OR ALTERNATIVELY FAX AN
AMENDED COPY OF THE P.O. TO 01527 502822 AND,

IF REQUIRED, THE ORDER WILL BE RESUBMITTED TO YOU.

Quantity Required	U.O.M	Supplier Part Number:	Description	Delivery Date	Unit Price (Inc Discount)	Line Value GBP
1 PACK		1114006	EyeMax 2 Neonatal Phototherapy Mask. Premie CRN :WAHT-C-19-195	30-OCT-20	40.75	40.75
2 PACK		1114005	EyeMax 2 Neonatal Phototherapy Mask. Regular CRN :WAHT-C-19-195	30-OCT-20	42.50	85.00

Total Value of Order (Exc VAT)

125.75

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.