

PURCHASE ORDER

Supplier's Order

Order Number : IMPO031618
 Order Date : 22-OCT-20
 Supplier Code : VI0003
 Reference : IMPO031618
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Order to:
 VIAMED LIMITED
 15 STATION ROAD
 CROSS HILLS
 KEIGHLEY
 WEST YORKSHIRE
 BD20 7DT

Deliver to:
STORES DEPARTMENT
 NORTHAMPTON GENERAL HOSPITAL NHS TRUST
 CLIFTONVILLE
 NORTHAMPTON, NN1 5BD
 Email: supplies.dept@ngh.nhs.uk

All invoices to:
PAYMENTS DEPARTMENT
 NORTHAMPTON GENERAL HOSPITAL NHS TRUST
 CLIFTONVILLE
 NORTHAMPTON
 NN1 5BD
 Email: nghpayments@ngh.nhs.uk

Product or Service	QTY	UOM	Date Required	Contract Ref	Price	Net Value
1114005 EYEMAX 2 NEONATAL PHOTOTHERAPY MASK MODEL R300P01 BLUE SIZE REGULAR	1.00	PACK 20	22-OCT-20		42.50	42.50
					TOTAL	42.50

Terms and Conditions

Unless specified as an order placed under an existing contract, the order is subject to the NHS conditions of Contract for the Purchase of Goods and the Contract for the supply of Services (copies of which may be obtained on application) and the terms and conditions set out therein.

Any queries please contact Supplies on 01604 545115

For and on behalf of Northampton General Hospital NHS Trust