PURCHASE ORDER

WESTERN SUSSEX HOSPITALS NHS FT

Supplier:

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

01535634542

Buyer	ALISON RYR TAYLOR
Telephone	01243 788122
Email	alison.taylor9@nhs.net

RYR SRH PAEDIATRIC SCBU MM H25621

Deliver to:

MAIN STORES
ST. RICHARDS HOSPITAL
SPITALFIELD LANE
CHICHESTER, PO19 6SE

Invoice to:

WESTERN SUSSEX HOSPITALS NHS
RYR PAYABLES F845
PHOENIX HOUSE, TOPCLIFFE LANE
WAKEFIELD, WF3 1WE

0303 123 1177
GLN:

Order Number	342022758
Date	26-OCT-20

Any queries regarding this purchase order, please email wsht.ryr-buying@nhs.net

Opening Hours for Main Stores at St Richards Hospital 8am to 4pm Mon-Fri
Opening Hours for Main Stores at Worthing Hospital 8am to 4pm Mon-Fri

For general procurement queries, please contact 01243 788122
For invoice queries, please contact SBS on 0303 123 1177

Please note the Trust is encouraging its suppliers to adopt TRADESHIFT to submit invoices electronically. Further information on TRADESHIFT can be found here 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
6	BOX 12	0021013	POSEY PULSE OXIMETRY SENSOR WRAP NEONATAL FOOT - Price when ordering qty 3 - 10 (CN:CQ:VIAM/06/20)	27-OCT-20	9.65	57.90
1	BOX 20	1114006	PREEMIE EYEMAX 2 (26CM - 32CM) (CN:CQ:VIAM/06/20)	27-OCT-20	40.75	40.75

Total Value of Order (Exc VAT) 98.65

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.