PURCHASE ORDER

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LEWISHAM AND GREENWICH NHS TRUST



Supplier:

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

01535634542 GLN:210076186

Buyer	CHRIS RJ2 GRAHAM
Telephone	
Email	chris.graham6@nhs.net

RJ25862 NICU 4TH FLR A BLOCK

Deliver to:

MAIN STORES GOODS INWARDS UNIVERSITY HOSPITAL LEWISHAM HIGH STREET LEWISHAM, SE13 6LH

Invoice to:

LEWISHAM AND GREENWICH NHS TR RJ2 PAYABLES 4715 PHOENIX HOUSE, TOPCLIFFE LANE WAKEFIELD, WF3 1WE

0303 123 1177 GLN:

Order Number	99304014	
Date	30-OCT-20	

NOTE

- 1. This purchase order is placed against the standard NHS Conditions of Contract.
- 2. Any alteration in price must be agreed before the order is executed.
- The full Official Purchase Order No. must be quoted on all correspondence and documents
- All goods to be despatched carriage paid unless specified on the order.
- 5. Alternative products must not be despatched unless agreed in writing beforehand.

Quantity Required	U.O.M	Supplier Part Number:	Description	Delivery Date	Unit Price (Inc Discount)	Line Value GBP
1	PACK	1114007	EYEMAX 2 NEONATAL PHOTOTHERAPY MASK - MICRO PACK GTIN :5051826003121	13-NOV-20	36.75	36.75
1	PACK	1114006	EYEMAX 2 NEONATAL PHOTOTHERAPY MASK - PREEMI PACK GTIN :5051826003114	E 13-NOV-20	40.75	40.75
2	PACK	1114005	EYEMAX 2 NEONATAL PHOTOTHERAPY MASK - REGULA PACK GTIN :5051826003107	R 13-NOV-20	42.50	85.00

Total Value of Order (Exc VAT) 162.50

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.