

Order Date : 03-11-2020

Order No : **333088427**

Must be quoted on all correspondence.

Deliver To :

RECEIPT AND DISTRIBUTION
RECEIPT AND DISTRIBUTION
ROYAL SURREY COUNTY HOSPITAL
EGERTON ROAD
GUILDFORD

GU2 7XX

GB

Requested delivery date: 04-11-2020

Location ID: MA2185V SHERE WARD (V) (IMS)

Invoice and Payment Enquiries To

HEALTHCARE PARTNERS LIMITED
HEALTHCARE PARTNERS LIMITED
MA2 PAYABLES F755
PHOENIX HOUSE, TOPCLIFFE LANE
WAKEFIELD

WF3 1WE

GB

Tel: 0303 123 1177

All enquiries regarding this order to:

Contact : MA2 KANDA, MEENAKSHI

Telephone :

Facsimile No. :

Email Address : meenakshi.kanda@nhs.net

Supplier**Viamed Ltd**

Customer's Supplier Name:

VIAMED LTD

Conditions

THIS ORDER IS SUBJECT TO STANDARD NHS TERMS AND CONDITIONS. IF PRICES STATED ON THIS ORDER ARE INCORRECT ANY REVISED PRICES MUST BE AUTHORISED BY THE BUYER PRIOR TO ORDER EXECUTION. PAYMENT WILL BE MADE AT THE PRICES STATED HEREIN. DO NOT ASSIGN THIS ORDER SPECIAL INSTRUCTIONS.

Line	Goods or Services Required	Quantity	UOM	Contract Ref.	Unit Price	Line Value	VAT
1	1114005 EYEMAX 2 NEONATAL PHOTOTHERAPY MASK REG	1	PACK 20	333000069	£42.50	£42.50	-

Net Total : **£42.50**

Carriage : -

Tax : -

Total : **£42.50**