

PURCHASE ORDER

Supplier's Order

Order Number: IMPO032019

Order Date: 05-NOV-20 Supplier Code: VI0003

Reference: IMPO032019

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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

TOTAL

214.85

CLIFTONVILLE NORTHAMPTON

NN1 5BD

Email: nghpayments@ngh.nhs.uk

220 7D1			Email: figripayme	Email: ngnpayments@ngn.nns.uk		
Product or Service	ΩΤΥ	NOM	Date Contra Required Ref	Price	Net Value	
1114005 EYEMAX 2 NEONATAL PHOTOTHERAPY MASK MODEL R300P01 BLUE SIZE REGULAR	1.00	PACK 20	05-NOV-20	42.50	42.50	
1114006 EYEMAX 2 NEONATAL PHOTOTHERAPY MASK MODEL R300P02. ORANGE SIZE PREMIE	1.00	PACK 20	05-NOV-20	40.75	40.75	
Product: 1114006 Contract: .						
0021013 SENSOR WRAP FOR USE WITH MULTI-SITE 'Y' SENSORS REF 6554	14.00	BOX 12	05-NOV-20	9.40	131.60	
ORDER 11 + BOXES FOR PRICE BREAK Product: 0021013 Contract: .						

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