Supplier

BD20 7DT

VIAMED 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE ENGLAND

Supplier Code: 105734

orders@viamed.co.uk

Deliver To / Execute Work At

R&D CTR SOUTH WEST ACUTE HOSP RECEIPT & DISTRIBUTION POINT 124 IRVINESTOWN ROAD ENNISKILLEN CO. FERMANAGH

BT74 6DN

Purchase Order Enquiries To

DONNA DOHERTY

Donna.Doherty@hscni.net

Invoice and Payment

SHARED SERVICES PAYMENT CENTRE WESTERN HEALTH AND SOCIAL CARE TRUST PO Box 1044 BALLYMENA BT42 9BT



VAT No: GD 080 (UK) VAT No: GB 888 808059 (EC)

PURCHASE ORDER

Purchase Order No: EB128853

Please quote this number in all correspondence

Purchase Order Date: 30/11/20

Our preferred method for receiving invoices is by email to the following address: WHSCT.POP@hscni.net .

ontract Supplier Ref Product Code	Description	Required By	Qty	UOM	Unit Price	Nett Price
	1114005 MASKS EYE MAX2 PHOTOTHERAPY REGULAR 32-38CMS	07/12/20	1.00	CARTON OF 20	42.50	42.5
	MAXIMUM CARRIAGE CHARGE FOR THIS ORDER	07/12/20	1.00	CHARGE	6.00	6.0
oriditions of supply			Nett VAT	48.5 9.1		

Unless specified as a Purchase Order placed under an existing Contract, orders for Goods/Services are subject to the Health and Social Care (NI) Standard Conditions of Contract for the Purchase of Goods / Supply of Services / Servicing and Repair (available from http://www.hscbusiness.hscni.net/services/2269.htm).

 Nett
 48.50

 VAT
 9.70

 Total Value
 58.20