



PURCHASE ORDER

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

01535634542
GLN:210076186

Buyer LORRAINE RQ3 CUMBERLIDGE
Telephone 0121 371 6030
Email Lorraine.Cumberlidge@uhb.nhs.uk

RQ31310 BWH NEONATAL UNIT

Deliver to:
MAIN STORES
BIRMINGHAM WOMEN'S HOSPITAL
MINDELSON WAY
BIRMINGHAM, B15 2TG

Invoice to:
BHAM WOMENS & CHILDRENS NHSFT
RQ3 PAYABLES 7405
PHOENIX HOUSE, TOPCLIFFE LANE
WAKEFIELD, WF3 1WE

0303 123 1177
GLN:

Order Number	227188271
Date	08-FEB-21

1. This order is issued in accordance with BCH terms and conditions of contract, a copy of which can be obtained upon request from the buyer named on this order.
2. The full official Purchase Order No, must be quoted on all correspondence and documents.
3. Alternative products must not be despatched unless agreed in writing beforehand.
4. All deliveries must be made to Receipts and Distribution between 08:00 and 13:00 hours Monday to Friday unless otherwise specified on the order.

Quantity Required	U.O.M	Supplier Part Number:	Description	Delivery Date	Unit Price (Inc Discount)	Line Value GBP
1	PACK 20	1114005	1114005 R300P01 EYEMAX 2 NEONATAL PHOTOTHERAPY MASK - REGULAR PACK 20	22-FEB-21	42.50	42.50
1	PACK 20	1114006	1114006 R300P02 EYEMAX 2 NEONATAL PHOTOTHERAPY MASK - PREEMIE PACK 20	22-FEB-21	40.75	40.75
1	PACK 20	1114007	1114007 R300P03 EYEMAX 2 NEONATAL PHOTOTHERAPY MASK - MICRO PACK 20	22-FEB-21	36.75	36.75

Total Value of Order (Exc VAT)

120.00

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.