

**Deliver To :**

**GWH TRUST RECEIPTS  
GWH TRUST RECEIPTS  
GREAT WESTERN HOSPITAL  
MARLBOROUGH ROAD  
SWINDON**

**SN3 6BB**

**GB**

Requested delivery date: [specified at line level]

*Warning: Not all supplier's systems support more than one requested delivery date*

Location ID: RN31107 HAZEL WARD

**Invoice and Payment Enquiries To**

GREAT WESTERN HOSPITALS NHS FT  
GREAT WESTERN HOSPITALS NHS FT  
RN3 PAYABLES 7435  
PHOENIX HOUSE, TOPCLIFFE LANE  
WAKEFIELD

WF3 1WE

GB

Tel: 0303 123 1177

All enquiries regarding this order to:

Contact : SSCRESUS, REQUESTOR

Telephone :

Facsimile No. :

Email Address : sbs-w.eproc@nhs.net

Buyer Contact : RN3 WILKINSON, IAN

Buyer Email : ian.wilkinson7@nhs.net

Buyer Tel : 01793646104

**Supplier**

**Viamed Ltd**

Customer's Supplier Name:

VIAMED LTD

**Conditions**

CURRENT GWH CONDITIONS:

THIS ORDER IS SUBJECT TO THE STANDARD NHS TERMS AND CONDITIONS OF CONTRACT FOR GOODS OR SERVICES AND WHICH IS AVAILABLE ON REQUEST.

CORRECT PURCHASE ORDER MUST BE QUOTED ON ALL ADVICE NOTES, DELIVERY NOTES, INVOICES ETC.

GOODS CAN ONLY BE RECEIVED BETWEEN 8.30 AM AND 4.00 PM MONDAY TO THURSDAY AND 8.30 AM TO 3.30 PM ON FRIDAYS.

PLEASE NOTE: NO FORKLIFT AVAILABLE – DELIVERIES ON TAIL LIFT VEHICLES ONLY.

THE SATISFACTORY COMPLETION OF FORM PPQ BY THE SUPPLIER IS A CONDITION OF OFFICIAL ORDERS FOR ELECTROMEDICAL/LABORATORY EQUIPMENT.

Line	Goods or Services Required	Quantity	UOM	Contract Ref.	Unit Price	Line Value	VAT
1	1114005 <b>1114005 EYEMAX 2 NEONATAL PHOTOTHERAPY MASK - REGULAR</b> Requested delivery date: 18-02-2021	1	PACK 20	1150779	£42.50	£42.50	-
2	CARR-VIAMED <b>CARR-VIAMED CARRIAGE CHARGE</b> Requested delivery date: 18-02-2021	1	EACH	1150779	£7.00	£7.00	-

Net Total : **£49.50**

Carriage : -

Tax : -

Total : **£49.50**