## Purchase Order No 000212136 Date of Order - 03/03/2021

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Supplier: 50415600

VIAMED LTD 15 STATION ROAD **CROSS HILLS** 

**Deliver To:** 

WYTHENSHAWE MATERNITY SCBU WYTHENSHAWE HOSPITAL SOUTHMOOR ROAD WYTHENSHAWE MANCHESTER

M23 9LT

Invoice To:

Accounts Payable - Central

Invoices

Finance and Procurement

**Business Unit** 

Trafford General Hospital

Davyhulme M41 5SL

**Enquiries To:** 

Julie Shiel Tel: 291 2932

Email: julie.shiel@mft.nhs.uk

Tel: 01535 634542

BD20 7DT

Email Invoices to:

## IMPORTANT INFORMATION:

accounts.payable@mft.nhs.uk

NHS TERMS AND CONDITIONS APPLY COPIES AVAILABLE ON REQUEST THE ABOVE OFFICIAL ORDER NO. TO BE QUOTED ON ALL INVOICES, ADVICE NOTES, DELIVERY NOTES AND ALL CORRESPONDENCE NO VARIATION OF THIS ORDER WITHOUT WRITTEN AUTHORITY

INVOICE AND STATEMENTS TO:- Finance & Procurement Business Unit, Trafford General Hospital, Mooside Road, Davyhulme, Manchester, M41 5SL

EMAIL: Accounts.Pavable@mft.nhs.uk

WHERE DELIVERY DOCUMENTS CANNOT BE DISPLAYED ON THE EXTERIOR OF PARCELS, IT IS IMPERATIVE THAT THE TRUSTS OFFICIAL PURCHASE ORDER IS CLEARLY SHOWN

IF PROMPT PAYMENT IS TO BE FACILITATED. PLEASE ENSURE THAT ANY COURIER SERVICE IS GIVEN THIS INFORMATION

PLEASE DO NOT INVOICE BEFORE GOODS/SERVICES HAVE BEEN DELIVERED

Line	Supplier Item Ref	Description	Quantity	Unit Price	Line Total	Delivery Date	Contract Reference
001		EYEMAX 2 NEONATAL PHOTOTHERAPY MASK - PREEMIE OCCIPITAL - FRONTAL CIRCUMFERENCE: 26 - 32 CM. PACK OF 20	2	40.75	81.50	09/03/21	
002		EYEMAX 2 NEONATAL PHOTOTHERAPY MASK - REGULAR OCCIPITAL - FRONTAL CIRCUMFERENCE: 32 - 38 CM. PACK OF 20	1	42.50	42.50	09/03/21	
003		CARRIAGE CHARGE FOR 2-4 PACKS	1	8.00	8.00	09/03/21	

Nett Value	132.00				
VAT Value	26.40				
Total Value	158.40				