

Purchase Order

Chelsea and Westminster Hospital **MHS**

West Middlesex University Hospital

Procurement Department

ENQUIRIES TO:

Email: procurement@chelwest.nhs.uk

Accounts Payable Department: Email: apinvoices@chelwest.nhs.uk

SUPPLIER

VIAMED
15 STATION ROAD
CROSSHILLS
KEIGHLEY
W YORKS
BD20 7DT

SEND INVOICE TO::

Finance Department, West Middlesex University Hospital 2nd Floor, East Wing Twickenham Road, Isleworth Middlesex, TW7 6AF

DELIVER TO / EXECUTE WORK AT

NICU/SCBU

NHS Foundation Trust

West Middlesex University Hospital Twickenham Road Isleworth

Middlesex TW7 6AF Direct Tel: 020 8321 5326 Direct Fax: 020 8321 2588

DETAILS

ORDER NUMBER: CW135582

 DATE:
 13/04/21

 SUPPLIER No:
 VIAME

 SITE No:
 1871

 DELIVERY DATE:
 14/04/21

 REQ. No:
 R210846

CODE	DESCRIPTION	UNIT	No. OF UNITS	TRADE DISC	ITEM PRICE Exc. VAT	VALUE Exc. VAT	VAT
1114005	1114005 - EYEMAX 2 NEONATAL PHOTOTHERAPY MASK	Pack of 20	4.0		42.50	170.00	20.00
1114006	DELIVER TO: RECEIPT & DISTRIBUTION -STORES (CW) CHELSEA & WESTMINSTER HOSPITAL 369 FULHAM ROAD LONDON SW10 9NH 1114006 - EYEMAX 2 NEONATAL PHOTOTHERAPY MASK PREEMIE DELIVER TO: RECEIPT & DISTRIBUTION -STORES (CW) CHELSEA & WESTMINSTER HOSPITAL 369 FULHAM ROAD LONDON SW10 9NH	Pack of 20	2.0		40.75	81.50	20.00
1. This purchase order is placed against the NHS standard terms and conditions. 2. All goods to be dispatched carriage paid unless specified on the order. 3. No additions to this order are to be supplied without confirmation from the Procurement Office. 4. A delivery note quoting this official order number must accompany all goods.			L 28	> Total Net	251.50		
5. Any alteration in price(s) as shown on this order must be agreed by the Procurement Office before the order is executed. 6. All goods to be delivered in accordance with the COSHH regulations.			Total VAT	50.30			
7. Invoices that do not guote this official order number will be returned to the supplier.			For and on beh of the Trust	alf	Total Value	301.	.80