

PURCHASE ORDER

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NORTH WEST ANGLIA NHS FOUNDATION TRUST



Supplier:

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

01535634542
GLN:210076186

Buyer WILLIAM RGN MITCHAM

Telephone 01480 418744

Email william.mitcham@nhs.net

RGN0275 NEONATAL INTENSIVE CARE UNIT (NICU) PCH

Deliver to:

CENTRAL STORES
PETERBOROUGH CITY HOSPITAL
EDITH CAVELL CAMPUS, BRETTON
PETERBOROUGH, PE3 9GZ

Invoice to:

NORTH WEST ANGLIA NHS FT
RGN PAYABLES 7455
PHOENIX HOUSE, TOPCLIFFE LANE
WAKEFIELD, WF3 1WE

0303 123 1177
GLN:

Order Number

233231442

Date

30-MAR-21

Goods will be received only between 08.30 and 16.00 hours
Monday to Friday.

TEL: 01733 673650

Quantity Required	U.O.M	Supplier Part Number:	Description	Delivery Date	Unit Price (Inc Discount)	Line Value GBP
1	PACK 20	1114005	1114005 (PACK 20) EYEMAX 2 PHOTOTHERAPY GOGGLES MODEL R300P01 BLUE REGULAR PACK 20 (CN:GHX7091)	01-APR-21	42.50	42.50
1	PACK 20	1114006	1114006 (PACK 20) EYEMAX 2 PHOTOTHERAPY GOGGLES PREMIE MODEL R300P02 ORANGE PACK 20 (CN:GHX7091)	01-APR-21	40.75	40.75
1	PACK 20	1114007	1114007 (PACK 20) EYEMAX 2 PHOTOTHERAPY GOGGLES MICRO MODEL R300P03 GREEN PACK 20 (CN:GHX7091)	01-APR-21	36.75	36.75
12	BOX 12	21013	21013 0021013 (BOX 12) Sa02 BLUE POSEY SENSOR WRAPS (min order qty 11 boxes) BOX 12 (CN:GHX7091)	01-APR-21	9.40	112.80
Total Value of Order (Exc VAT)						232.80

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.

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