

PURCHASE ORDER

Page 1 of 2

BIRMINGHAM WOMEN'S & CHILDREN'S NHSFT



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

227191869

Date

16-APR-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 BOX 20		1114005	EyeMAX 2 Phototherapy Mask - Regular, Colour Code: BLUE - Part No: 1114005 Please advise if the value this order is raised for is incorrect as this will generate a invoice query and possibly delay payment Please also advise if the supplier name/site this order has been raised to is incorrect as again this will generate a invoice query and possibly delay payment Many thanks	29-APR-21	42.50	42.50
1 BOX 20		1114007	EyeMAX 2 Phototherapy Mask - Regular, Colour Code: GREEN - Part No: 1114007 Please advise if the value this order is raised for is incorrect as this will generate a invoice query and possibly delay payment Please also advise if the supplier name/site this order has been raised to is incorrect as	29-APR-21	36.75	36.75

Continued

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.

PURCHASE ORDER

Page 2 of 2

BIRMINGHAM WOMEN'S & CHILDREN'S NHSFT



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

227191869

Date

16-APR-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
-------------------	-------	-----------------------	-------------	---------------	---------------------------	----------------

again this will generate a invoice query and possibly delay payment Many thanks

1 BOX 20	1114006	EyeMAX 2 Phototherapy Mask - Regular, Colour	29-APR-21	40.75	40.75
----------	---------	--	-----------	-------	-------

Code: ORANGE - Part No: 1114006

Please advise if the value this order is raised for is incorrect as this will generate a invoice query and possibly delay payment

Please also advise if the supplier name/site this order has been raised to is incorrect as
again this will generate a invoice query and possibly delay payment Many thanks

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.