pplier:
VIAMED LTD
15 STATION ROAD
CROSS HILLS
KEIGHLEY,WEST YORKSHIRE BD20 7DT

01535634542 GLN:

yer WILLIAM RN5 GARVEY
lephone
nail william.garvey@hhft.nhs.uk

154225 RHCH SCBU

Deliver to:

aye - vi

WINCHESTER STORES DEPARTMENT ROYAL HAMPSHIRE COUNTY HOSPITA QUEENS ROAD WINCHESTER, SO225HS

- Order Number
 260349678

 Date
 29-APR-21
- 1. This order is issued in accordance with NHS Terms and Conditions of Contract
- 2. All goods must be accompanied by a delivery note quoting the official order number.
- Goods must be delivered between 0800 and 1600 Monday to Friday ex Bank Holidays.
 All goods are signed for by R&D operatives as 'unchecked'.
- 5. All invoices must quote the official order number.
- Please confirm receipts, back orders and price changes via email to Supplies@hhft.nhs.uk
- Any works to the fabric of the building <u>must</u> be approved by Estates and all personnel working on site will need a site induction.

Tradeshift is a quicker and more efficient way to send invoices to NHS Shared Business Services. Please go to https://go.tradeshift.com and press the create an account button to get started. More information can be found at https://www.sbs.nhs.uk/supplier-einvoicing

Invoice to:

HAMPSHIRE HOSPITALS NHSFT
RN5 PAYABLES F025
PHOENIX HOUSE, TOPCLIFFE LANE
WAKEFIELD, WF3 1WE

0303 123 1177
GLN:

| | Quantity | U.O.M | Supplier | Description | Delivery | Unit Price | Line Value |
|---|----------|-------|--------------|--|-----------|----------------|------------|
| _ | Required | | Part Number: | | Date | (Inc Discount) | GBP |
| | | | | | | | |
| | 1 20 | ő | 1114005 | 1114005_EYEMAX 2 NEONAIAL PHOIOIHERAPY MASK - 04-MAY-21 REGULAR | 04-MAY-21 | 42.50 | 42.50 |
| | 1 20 | 00 | 1114006 | 1114006_EYEMAX 2 NEONAIAL PHOIOIHERAPY MASK - 04-MAY-21 | 04-MAY-21 | 40./5 | 40./5 |
| | | | | לארם: לארם: | | | |

lotal Value of Order (Exc VAI)

83.25

