



Purchase Order

Chelsea and Westminster Hospital **NHS**

West Middlesex University Hospital

ENQUIRIES TO:

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

SEND INVOICE TO::

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

NHS Foundation Trust

West Middlesex University Hospital
Twickenham Road
Isleworth
Middlesex TW7 6AF
Direct Tel: 020 8321 5326
Direct Fax: 020 8321 2588

SUPPLIER

VIAMED
15 STATION ROAD
CROSSHILLS
KEIGHLEY
W YORKS
BD20 7DT

DELIVER TO / EXECUTE WORK AT

RECEIPT & DISTRIBUTION -STORES
CHELSEA & WESTMINSTER HOSPITAL
369 FULHAM ROAD
LONDON
SW10 9NH

DETAILS

ORDER NUMBER: **CW139212**
DATE: 02/06/21
SUPPLIER No: VIAME
SITE No: 1871
DELIVERY DATE: 10/06/21
REQ. No: R214400

CODE	DESCRIPTION	UNIT	No. OF UNITS	TRADE DISC	ITEM PRICE Exc. VAT	VALUE Exc. VAT	VAT
1114005	1114005 - EYEMAX 2 NEONATAL PHOTOTHERAPY MASK REGULAR	Pack of 20	4.0		42.50	170.00	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.
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.
7. Invoices that do not quote this official order number will be returned to the supplier.
8. Goods must be delivered between the hours of 08:00 and 15:00, Monday to Friday unless otherwise stated

For and on behalf
of the Trust

Total Net 170.00
Total VAT 34.00
Total Value 204.00