PURCHASE ORDER

440161636

Order Date:	14-Jun-2021
Supplier No:	003442
Supp Name Address:	VIAMED 15 STATION ROAD CROSSHILLS KEIGHLEY WEST YORKSHIRE BD20 7DT
Supp Telephone:	01535 634542
Delivery Address:	R/D RECEIPT AND DELIVERY POINT-WGH NB ACCESS VIA VICARAGE RD ONLY WATFORD GENERAL HOSPITAL VICARAGE ROAD WATFORD DELIVERIES BETWEEN 8AM-1PM WD18 0HB
Queries Contact:	**Chris Bradley (WHHT Orders)**
Telephone Number:	**01707 356168**
Order Queries Please Contact:	westherts.buyingteam@nhs.net
Telephone Extension:	
Invoice To:	WEST HERTS HOSPITALS NHS TRUST FINANCE DEPT WILLOW HOUSE VICARAGE ROAD WATFORD HERTS WD18 0HB
Email address for invoices and invoice queries:	westherts.accountspayable@nhs.net
Requistioner Name:	Kathleen Coomber
Requistion No/Web Ref:	WEB0183803
Requistioning Point:	QH3005-KATHERINE WARD-MATERNITY-WGH

Line Number	Product Code	Product Description	Contract Code	Unit of Purchase	Order Quantity	Unit Price	Order Value	VAT Rate	Delivery Date
001		REF EYEMAX 2 PHOTOTHERAPY MASK SIZE: REGULAR 32 - 38CM			3.00	34.50	103.50	20.00	18-Jun-2021
							103.50		

A copy of our Terms and Conditions is available on request

Purchase order acknowledgements / confirmations / queries to wherts-tr.buyingteam@nhs.net

All delivery notes and invoices associated with this purchase order must quote the purchase order number