

Purchase Order Number : 200383926

Please quote the Purchase Order Number on all correspondence.
Payment will not be made without a valid P.O number.

Supplier :

VIAMED
15 STATION ROAD
CROSS HILLS
KEIGHLEY
WEST YORKSHIRE

BD20 7DT
Telephone : 01535 634542

Deliver To :

University Hospital
Delivery Point 8
Receipt and Distribution
Clifford Bridge Road
Coventry
CV2 2DX

Delivery Arrangements Tel: 02476 967367

Invoice To :

FINANCE DEPARTMENT
University Hospitals of Coventry and Warwickshire
NHS Trust,
Clifford Bridge Road,
Coventry,
CV2 2DX

Email: accounts.payable@uhcw.nhs.uk

Order Date :

22-Jul-2021

Required by Date :

05-Aug-2021

Ordering Department :

UWD015
Ward 15

Notes to Supplier:

Line No.	Quantity	Unit of Purch	Description	Suppliers Part No :	Contract Reference :	Unit Price £	Discount £	VAT Amount £	Line Value £
00	1.00		EYEMAX 2 REGULAR	01114005	RKB029LPA	34.50	0.00	6.90	41.40

Contact in case of query :

Buyer Name : Web Buyer
Telephone No : 02476 968429
Fax No : 02476 968 417
Email : supplies@uhcw.nhs.uk

NHS Terms and conditions apply, a copy of which are available on request.

VAT Excl Total :	34.50
VAT Total :	6.90
Total Order Value :	41.40