

Order Date : 02-09-2021

Order No : **1333248**

Must be quoted on all correspondence.

Deliver To :**GWH TRUST RECEIPTS
GWH TRUST RECEIPTS
GREAT WESTERN HOSPITAL
MARLBOROUGH ROAD
SWINDON****SN3 6BB****GB**

Requested delivery date: 03-09-2021

Location ID: RN31166 SPECIAL CARE BABY UNIT

Invoice and Payment Enquiries To**GREAT WESTERN HOSPITALS NHS FT
GREAT WESTERN HOSPITALS NHS FT
RN3 PAYABLES 7435
PHOENIX HOUSE, TOPCLIFFE LANE
WAKEFIELD****WF3 1WE****GB**

Tel: 0303 123 1177

All enquiries regarding this order to:

Contact : SSCRESUS, REQUESTOR

Telephone :

Facsimile No. :

Email Address : sbs-w.eproc@nhs.net

Buyer Contact : ZZZ WILKINSON, IAN

Buyer Email : ian.wilkinson7@nhs.net

Buyer Tel : 01793646104

Supplier**Viamed Ltd**Customer's Supplier Name:
VIAMED LTD**Conditions**

CURRENT GWH CONDITIONS:

THIS ORDER IS SUBJECT TO THE STANDARD NHS TERMS AND CONDITIONS OF CONTRACT FOR GOODS OR SERVICES AND WHICH IS AVAILABLE ON REQUEST.
CORRECT PURCHASE ORDER MUST BE QUOTED ON ALL ADVICE NOTES, DELIVERY NOTES, INVOICES ETC.

GOODS CAN ONLY BE RECEIVED BETWEEN 8.30 AM AND 4.00 PM MONDAY TO THURSDAY AND 8.30 AM TO 3.30 PM ON FRIDAYS.

PLEASE NOTE: NO FORKLIFT AVAILABLE – DELIVERIES ON TAIL LIFT VEHICLES ONLY.

THE SATISFACTORY COMPLETION OF FORM PPQ BY THE SUPPLIER IS A CONDITION OF OFFICIAL ORDERS FOR ELECTROMEDICAL/LABORATORY EQUIPMENT.

Line	Goods or Services Required	Quantity	UOM	Contract Ref.	Unit Price	Line Value	VAT
1	1114006 1114006 EYEMAX 2 NEONATAL PHOTOTHERAPY MASK - PREEMIE	1	PACK 20	1150779	£40.75	£40.75	-

Net Total : **£40.75**

Carriage : -

Tax : -

Total : **£40.75**