

**Order Number : E305078****Date :** 16-SEP-21**Page :** 1 of 1**All Order Price & Delivery charge queries :** bht.orders@nhs.net**All Product / Service queries contact :** david.house@nhs.net**Invoices to :** bht.invoices@cloud-trade.com

# PURCHASE ORDER

**Buckinghamshire Healthcare**

NHS Trust

<b>Supplier</b> VIAMED 15 STATION ROAD CROSS HILLS KEIGHLEY W.YORKSHIRE  BD20 7DT		<b>Delivery Point</b> SMH-SPECIAL CARE BABY UNIT GENERAL STORES - SMH ENTRANCE 2 STOKE MANDEVILLE HOSPITAL AYLESBURY BUCKS HP21 8AL		<b>Invoice Address (only invoice queries to this address)</b> BUCKINGHAMSHIRE HEALTHCARE NHS TRUST ACCOUNTS PAYABLE DEPT, AMERSHAM HOSPITAL WHIELDEN STREET, AMERSHAM BUCKS HP7 0JD			
<b>Vendor No.</b>	<b>104645</b>	<b>BHT Requisition No.:</b>	<b>R351891</b>	<b>BHT IDA Code/Description:</b>	<b>7D7468</b> SMH-SPECIAL CARE BABY UNIT		
<b>Quantity</b>	<b>Unit of Purchase</b>	<b>Product Code</b>	<b>Order Specification</b>	<b>Delivery Required by</b>	<b>Unit Price excluding VAT</b>	<b>Value excluding VAT</b>	<b>VAT</b>
1.00	BOX 20		1114005 EyeMax 2 Neonatal phototherapy Mask regular	23/09/21	43.70	43.70	01
2.00	BOX 20		1114003 Eyemax 2 Neonatal Phototherapy Preemie	23/09/21	41.90	83.80	01
1.00	EACH		Carriage	23/09/21	8.00	8.00	01

**CONDITIONS OF SUPPLY**

1. This Order is subject to the Conditions of Contract applicable to the Contract/Quotation referred to above. In the absence of such reference the N.H.S. Conditions of Contract for the Purchase of Goods will apply (Copy available on request).
2. A Delivery Note must accompany each delivery of the goods.
3. This order (E305078) must be quoted on all delivery notes, invoices and correspondence.
4. Each invoice must refer to one order number only.
5. Failure to address correctly as stated on this order will result in a delay in payment.
6. Delivery between 0830 and 1600 Monday to Thursday 0830 and 1500 Friday (unless otherwise stated)

**Total Net Value**

135.50

**VAT**

27.10

**Total Order Value**

162.60