

Order Date : 08-10-2021

Order No : **249212319**

Must be quoted on all correspondence.

Deliver To :

RECEIPT AND DESPATCH

ST HELIER HOSPITAL

WRYTHE LANE

CARSHALTON

SM5 1AA

GB

Requested delivery date: 11-10-2021

Location ID: RVR0346 SCBU

Invoice and Payment Enquiries To

EPSOM & ST HELIER UNIVERSITY HOSPITAL

RVR PAYABLES 7545

PHOENIX HOUSE, TOPCLIFFE LANE

WAKEFIELD

WF3 1WE

GB

Tel: 0303 123 1177

All enquiries regarding this order to:

Contact : RVR BUCKLEY, ANN

Telephone :

Facsimile No. :

Email Address : ann.buckley@stgeorges.nhs.uk

Supplier

Viamed Ltd

Customer's Supplier Name:

VIAMED LTD

Conditions

THIS ORDER IS SUBJECT TO STANDARD NHS TERMS AND CONDITIONS. IF PRICES STATED ON THIS ORDER ARE INCORRECT ANY REVISED PRICES MUST BE AUTHORISED BY THE BUYER PRIOR TO ORDER EXECUTION. PAYMENT WILL BE MADE AT THE PRICES STATED HEREIN. DO NOT ASSIGN THIS ORDER SPECIAL INSTRUCTIONS.

Line	Goods or Services Required	Quantity	UOM	Contract Ref.	Unit Price	Line Value	VAT
1	1114005 Eyemax2 Phototherapy Mask Ref:1114005 Regular	2	BOX 20		£42.50	£85.00	-
2	1114006 Eyemax2 Phototherapy Mask Ref:1114006 Preemie	2	BOX 20		£40.75	£81.50	-

Net Total : **£166.50**

Carriage : -

Tax : -

Total : **£166.50**