

Purchase Order

Chelsea and Westminster Hospital **MIS**

West Middlesex University Hospital

ENQUIRIES TO:

Procurement Department

Email: chelwest.procurement@nhs.net

Accounts Payable Department:

Email: chelwest.apinvoices.wmuh@nhs.net

SUPPLIER

VIAMED 15 STATION ROAD CROSSHILLS KEIGHLEY W YORKS BD20 7DT

SEND INVOICE TO::

Chelsea and Westminster Hospital NHS Foundation Trust West Middlesex University Hospital Site Finance Department, 2nd Floor East Wing Twickenham Road, Isleworth, TW7 6AF

DELIVER TO / EXECUTE WORK AT

R & D (WM) WEST MIDDLESEX UNIVERSITY HOSPITAL TWICKENHAM ROAD ISLEWORTH MIDDLESEX TW7 6AF

NHS Foundation Trust

West Middlesex University Hospital Twickenham Road Isleworth

> Middlesex TW7 6AF Direct Tel: 020 8321 5326 Direct Fax: 020 8321 2588

DETAILS

CW148456 ORDER NUMBER: 11/10/21 DATE:

SUPPLIER No: VIAME SITE No: 1871 **DELIVERY DATE:** 12/10/21 REQ. No: R223262

CODE	DESCRIPTION	UNIT	No. OF UNITS	TRADE DISC	ITEM PRICE Exc. VAT	VALUE Exc. VAT	VAT
114005	114005 - EYE MASK PHOTOTHERAPY SOFT ACRYLIC OCCIPITAL HEAD CIRCUMFERENCE 320MM TO 380MM COLOUR CODED BLUE STRIPE	Pack of 2	0 4.0		43.70	174.80	20.00
1114006	1114006 - EYEMAX 2 NEONATAL PHOTOTHERAPY MASK PREEMIE	Pack of 2	0 2.0		41.90	83.80	20.00
 This purchase order is placed against the NHS standard terms and conditions. All goods to be dispatched carriage paid unless specified on the order. No additions to this order are to be supplied without confirmation from the Procurement Office. 			- B	Total Net	258.0	60	
 4. A delivery note quoting this official order number must accompany all goods. 5. Any alteration in price(s) as shown on this order must be agreed by the Procurement Office before the order is executed. 6. All goods to be delivered in accordance with the COSHH regulations. 				Total VAT	51.	72	
8. Goods must be delivered between the hours of 08:00 and 15:00, Monday to Friday unless otherwise stated			For and on behalf of the Trust		Total Value	310.3	32