## **PURCHASE ORDER**

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Supplier:

**CROSS HILLS** VIAMED LTD KEIGHLEY, BD20 7DT 15 STATION ROAD

01535634542

Buyer 01243 788122 ALISON RYR TAYLOR

alison.taylor9@nhs.net

RYR SRH TANGMERE WARD MM H25610

Quantity Required

U.O.M

Part Number: Supplier

Description

Delivery

Unit Price Inc Discount)

Line Value GBP

1 PACK 1

1114005

Email

Telephone

CHICHESTER, PO19 6SE SPITALFIELD LANE ST. RICHARDS HOSPITAL MAIN STORES

Deliver to:

Invoice to: Brighton General Hospital, To Elm Grove, Brighton, BN2 3EW Accounts Payable, Financial A UNIVERSITY HOSPITALS SUSSEX N

GLN:

**Order Number** Date 342053411 07-OCT-21

buying@nhs.net Any queries regarding this purchase order, please email wshnt.ryr-

Opening Hours for Main Stores at Worthing Hospital 8am to 4pm Mon-Fri Opening Hours for Main Stores at St Richards Hospital 8am to 4pm Mon-Fri

For invoice queries, please contact SBS on 0303 123 1177 For general procurement queries, please contact 01243 788122

Please note the Trust is encouraging its suppliers to adopt TRADESHIFT to submit invoices electronically. Further information on TRADESHIFT can be found here https://www.sbs.nhs.uk/supplier-einvoicing

EYEMAX 2 NEONATAL PHOTOTHERAPY MASK - REGULAR 08-0CT-21 (CN:CQ:VIAM/06/20)

42.50

42.50

Total Value of Order (Exc VAT)

42.50

Instructions to Supplier: This order is subject to the standard NHS Terms and Conditions of contract. For a copy of these please contact the Buyer for this order. Any price alterations must be agreed with the buyer prior to order execution. The above order number must be quoted on all invoices, acknowledgements, delivery notes and other correspondence. A delivery note must accompany each consignment of goods. The order must not be passed to any third party for supply. Any invoices not complying with these instructions will be returned unpaid to the supplier