

## Purchase Order

### Deliver To / Execute Work at:

Goods Receiving Area  
Colchester General Hospital  
Turner Road  
Colchester

CO4 5JL

**Open 0700-1230 & 1300-1530**

### Invoice To :

Finance Department - North Lodge  
East Suffolk and North Essex NHS FT  
Turner Road  
Colchester  
Essex  
CO4 5JL  
accountspayable@esneft.nhs.uk



**East Suffolk and North Essex**  
NHS Foundation Trust

**Official Order No: 200159268**

**Please quote the Purchase Order no  
on all correspondence**

**Order Date:** 25/10/2021

**Buyer:** Web Buyer

**Tel:**

**Contract Ref:** N

**Account No:**

**Notes**

### Supplier :

Viamed Ltd  
15 Station Road  
Cross Hills  
Keighley  
West Yorkshire

BD20 7DT  
01535 634542

**Requisitioner:** Natalie Hook  
01206 742857  
**Requisition No:** 100157804  
**Manual Req No:** WEB0142238  
**Requisition Pt:** S.C.B.U. - Childrens Admin Centre

Line	Qty	Unit	Product Code	Description	Delivery By	Unit Price	Line Value Excl VAT
001	10	PACK 20	1114005	REGULAR EYE MASKS	01/11/2021	43.70	437.00
002	5	BOX 20	1114006	EYEMAX PREENIE	01/11/2021	41.90	209.50
003	1	1	DELIVERY	DELIVERY CHARGE	01/11/2021	10.00	10.00
						<b>Total Value:</b>	<b>656.50</b>

**We are an end user for the purposes of section 55A VAT Act 1994 reverse charge for building and construction services.**  
**Please issue us with a normal VAT invoice, with VAT charged at the appropriate rate. We will not account for the reverse charge.**

### Conditions of Order

1. All invoices must quote Official Order Number.
2. All goods must be accompanied by a Delivery Note quoting the Official Order Number.
3. Unless specified otherwise on the order this order is subject to the relevant NHS Standard Terms and Conditions of Contract.