

**PURCHASE ORDER****440164468**

Order Date: 03-Nov-2021

Supplier No: 003442

Supp Name: VIAMED

Address: 15 STATION ROAD
CROSSHILLS
KEIGHLEY
WEST YORKSHIRE
BD20 7DT

Supp Telephone: 01535 634542

Delivery Address: R/D RECEIPT AND DELIVERY POINT-WGH
NB ACCESS VIA VICARAGE RD ONLY
WATFORD GENERAL HOSPITAL
VICARAGE ROAD
WATFORD
DELIVERIES BETWEEN 8AM-1PM
WD18 0HB

Queries Contact: **Tim Hazell**

Telephone Number: **01707 356171**

Order Queries Please Contact: westherts.buyingteam@nhs.net

Telephone Extension:

Invoice To: WEST HERTS HOSPITALS NHS TRUST
FINANCE DEPT
WILLOW HOUSE
VICARAGE ROAD
WATFORD
HERTS
WD18 0HB

Email address for invoices and invoice queries: westherts.accountspayable@nhs.net

Requisitioner Name: Amanda Thomas

Requisition No/Web Ref: WEB0191010

Requisitioning Point: QH3218-SCBU-SPECIAL CARE BABY UNIT WGH

Line Number	Product Code	Product Description	Contract Code	Unit of Purchase	Order Quantity	Order Unit Price	Order Value	VAT Rate	Delivery Date
001		REF:1114006 EYEMAX 2 PHOTOTHERAPY EYE - PREMIE 32CM UOI:PACK 20			6.00	40.75	244.50	20.00	04-Nov-2021
							244.50		

A copy of our Terms and Conditions is available on request

Purchase order acknowledgements / confirmations / queries to wherts-tr.buyingteam@nhs.net

All delivery notes and invoices associated with this purchase order must quote the purchase order number