

Order Date : 03-11-2021

Order No : **1340329**

Must be quoted on all correspondence.

**Deliver To :**

**GWH TRUST RECEIPTS**  
**GREAT WESTERN HOSPITAL**  
**MARLBOROUGH ROAD**  
**SWINDON**  
**SN3 6BB**  
**GB**  
Requested delivery date: 04-11-2021  
Location ID: RN31107 HAZEL WARD

**Invoice and Payment Enquiries To**

GREAT WESTERN HOSPITALS NHS FT  
RN3 PAYABLES 7435  
PHOENIX HOUSE, TOPCLIFFE LANE  
WAKEFIELD  
WF3 1WE  
GB  
Tel: 0303 123 1177

All enquiries regarding this order to:

Contact : RN3 TTICUS, A  
Telephone :  
Facsimile No. :  
Email Address : gwh.atticus@nhs.net  
Buyer Contact : ZZZ WILKINSON, IAN  
Buyer Email : ian.wilkinson7@nhs.net  
Buyer Tel : 01793646104

**Supplier**

**Viamed Ltd**

Customer's Supplier Name:  
VIAMED LTD

**Conditions**

CURRENT GWH CONDITIONS:

THIS ORDER IS SUBJECT TO THE STANDARD NHS TERMS AND CONDITIONS OF CONTRACT FOR GOODS OR SERVICES AND WHICH IS AVAILABLE ON REQUEST.  
CORRECT PURCHASE ORDER MUST BE QUOTED ON ALL ADVICE NOTES, DELIVERY NOTES, INVOICES ETC.

GOODS CAN ONLY BE RECEIVED BETWEEN 8.30 AM AND 4.00 PM MONDAY TO THURSDAY AND 8.30 AM TO 3.30 PM ON FRIDAYS.

PLEASE NOTE: NO FORKLIFT AVAILABLE – DELIVERIES ON TAIL LIFT VEHICLES ONLY.

THE SATISFACTORY COMPLETION OF FORM PPQ BY THE SUPPLIER IS A CONDITION OF OFFICIAL ORDERS FOR ELECTROMEDICAL/LABORATORY EQUIPMENT.

Line	Goods or Services Required	Quantity	UOM	Contract Ref.	Unit Price	Line Value	VAT
1	1114005 EYEMAX 2 NEONATAL PHOTOTHERAPY MASK - REGULAR	1	PACK 20	1150779	£42.50	£42.50	-

Net Total : **£42.50**  
Carriage : -  
Tax : -  
Total : **£42.50**