

PURCHASE ORDER



Supplier:
 VIAMED LTD
 15 STATION ROAD
 CROSS HILLS

 KEIGHLEY, WEST YORKSHIRE BD20 7DT

 01535634542
 GLN:

Deliver to:
 RECEIPT & DISTRIBUTION CENTRE
 WHISTON HOSPITAL
 STONEY LANE ENTRANCE
 PRESCOT, Merseyside L35 5DR

Order Number	135389921
Date	02-DEC-21

Buyer LYNNE RBN RITSON
Telephone
Email lynne.ritson@sthk.nhs.uk
 RBN0172 SPECIAL CARE BABY UNIT WHISTON

Invoice to:
 ST. HELENS&KNOWSLEY HOSPITALS
 RBN PAYABLES B225
 PHOENIX HOUSE, TOPCLIFFE LANE
 WAKEFIELD, WF3 1WE

 0303 123 1177
 GLN:

Standard Trust Payment Terms: Net Monthly
 Goods will be received only between 08:30 and 16:00 hours Monday to Thursday and 08:30 and 15:00 hours on Fridays.
 This order is subject to NHS Terms and conditions of contract.
 For a copy of the relevant version please see this link:
<https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services>
 If you are not sure which version applies please contact the buyer
 You can now register for free e-invoicing via Tradeshift. For more information visit:
<https://www.sbs.nhs.uk/supplier-einvoicing>

Quantity Required	U.O.M	Supplier Part Number:	Description	Delivery Date	Unit Price (Inc Discount)	Line Value GBP
2	PACK	20 1114007	Eyemax 2 phototherapy masks micro Price confirmed with Kate 02.12.2021	14-DEC-21	37.80	75.60

Total Value of Order (Exc VAT) 75.60

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.