

PURCHASE ORDER

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LEWISHAM AND GREENWICH NHS TRUST



Supplier:
VIAMED LTD
15 STATION ROAD
CROSS HILLS

KEIGHLEY, WEST YORKSHIRE BD20 7DT

01535634542
GLN:210076186

Buyer CHRIS RJ2 GRAHAM
Telephone
Email chris.graham6@nhs.net

RJ2Q076 QE WARD 8 SCBU

Deliver to:
MAIN STORES DELIVERY POINT A
QUEEN ELIZABETH HOSPITAL
STADIUM ROAD
LONDON, SE18 4QH

Invoice to:
LEWISHAM AND GREENWICH NHS TR
RJ2 PAYABLES 4715
PHOENIX HOUSE, TOPCLIFFE LANE
WAKEFIELD, WF3 1WE

0303 123 1177
GLN:

| | |
|---------------------|-----------|
| Order Number | 99346458 |
| Date | 14-DEC-21 |

NOTE

1. This purchase order is placed against the standard NHS Conditions of Contract.
2. Any alteration in price must be agreed before the order is executed.
3. The full Official Purchase Order No. must be quoted on all correspondence and documents.
4. All goods to be despatched carriage paid unless specified on the order.
5. Alternative products must not be despatched unless agreed in writing beforehand.

| Quantity Required | U.O.M | Supplier Part Number: | Description | Delivery Date | Unit Price (Inc Discount) | Line Value GBP |
|-------------------|-------|-----------------------|---|---------------|---------------------------|----------------|
| 2 PACK | | 1114006 | EYEMAX 2 NEONATAL PHOTOTHERAPY MASK - PREMIE PACK | 15-DEC-21 | 41.90 | 83.80 |

Total Value of Order (Exc VAT)

83.80

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.