

PURCHASE ORDER

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HEALTHCARE PARTNERS LIMITED



Supplier:

VIAMED LTD
15 STATION ROAD
CROSS HILLS
KEIGHLEY, WEST YORKSHIRE BD20 7DT

1535634542
GLN:210076186

Buyer VIOLET, MA2 MITCHELL

Telephone

Email violet.mitchell@nhs.net

MA2185V SHERE WARD (V) (IMS)

Deliver to:

RECEIPT AND DISTRIBUTION
ROYAL SURREY COUNTY HOSPITAL
EGERTON ROAD
GUILDFORD, GU2 7XX

Invoice to:

HEALTHCARE PARTNERS LIMITED
MA2 PAYABLES F755
PHOENIX HOUSE, TOPCLIFFE LANE
WAKEFIELD, WF3 1WE

0303 123 1177
GLN:

Order Number

333123970

Date

15-DEC-21

This order is subject to the standard HPL 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.

Quantity Required	U.O.M	Supplier Part Number:	Description	Delivery Date	Unit Price (Inc Discount)	Line Value GBP
1	PACK 20	1114005	EYEMAX 2 NEONATAL PHOTOTHERAPY MASK REG	16-DEC-21	43.70	43.70

Total Value of Order (Exc VAT)

43.70

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