**Please quote the Purchase Order Number on all correspondence**
**Payment will not be made without a valid Purchase Order Number**

# Purchase Order: SW120034665

South Warwickshire NHS
NHS Foundation Trust

**SUPPLIER DETAILS**

VIAMED
15 STATION ROAD
CROSS HILLS
KEIGHLEY
WEST YORKSHIRE

BD20 7DT

**DELIVERY ADDRESS**

SWAN WARD, WARWICK HOSPITAL
GENERAL STORES
WARWICK HOSPITAL
LAKIN ROAD
WARWICKSHIRE

CV34 5BW

**OPEN 8:30AM TO 4:30PM**

**INVOICE ADDRESS**

SOUTH WARWICKSHIRE NHS FOUNDATION TRUST
WARWICK HOSPITAL
FINANCE DEPARTMENT
LAKIN ROAD
WARWICK
CV34 5BW

Email - swft.capita@cloud-trade.com

**ORDER DATE** 27-Jan-2022
**EXPECTED DELIVERY** 27-Jan-2022
**SUPPLIER NUMBER** 00219800

**REQUISITIONER NAME** Amanda Chambers
**TELEPHONE**
**EMAIL** Amanda.Chambers@swft.nhs.uk

**BUYER NAME** Jean Bird
**TELEPHONE**
**EMAIL** PurchasingandSupply@swft.nhs.uk

| ORDER LINE | SUPPLIER ITEM REFERENCE | DESCRIPTION | CONTRACT REFERENCE | QUANTITY | UNIT PRICE £ | UNIT OF PURCH | VAT AMOUNT £ | VAT EXCL AMOUNT £ |
|---|---|---|---|---|---|---|---|---|
| 001 | | EYEMAX 2 NEONATAL PHOTOTHERAPY SIZE REGULAR REF 1114005 PK OF 20 | | 3.00 | 42.50 | | 25.50 | 127.50 |
| 002 | | DELIVERY | | 1.00 | 8.00 | | 1.60 | 8.00 |
| **ADDITIONAL NOTES -** | | | | | | | **27.10** | **135.50** |
| | | | | | | | **TOTAL £** | **162.60** |

NHS Terms and conditions apply, a copy of which are available on request