

PURCHASE ORDER

Supplier:

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

01535634542/6  
GLN:

BuyerEMMA PA4 WAREHAM

Telephone01935 383032

Emailemma.wareham@ydh.nhs.uk

PA40022 SCBU MAT MAN

Deliver to:

SIMPLY SERVE LIMITED  
YEOVIL DISTRICT HOSPITAL  
HIGHER KINGSTON  
YEOVIL, BA21 4AT

Invoice to:

SIMPLY SERVE LIMITED  
PA4 PAYABLES F695  
PHOENIX HOUSE, TOPCLIFFE LANE  
WAKEFIELD, WF3 1WE

0303 123 1177  
GLN:

|              |           |
|--------------|-----------|
| Order Number | 327071998 |
| Date         | 27-JAN-22 |

This order is subject to the NHS Conditions of Contract for the Purchase of Goods/Services (Purchase Order Version) (copy available on request)

| Quantity Required | U.O.M   | Supplier Part Number: | Description                                               | Delivery Date | Unit Price (Inc Discount) | Line Value GBP |
|-------------------|---------|-----------------------|-----------------------------------------------------------|---------------|---------------------------|----------------|
| 1                 | PACK 20 | 1114005               | 114005 EYEMAX 2 PHOTOTHERAPY MASK REGULAR<br>BLUE R300P01 | 28-JAN-22     | 43.70                     | 43.70          |

Total Value of Order (Exc VAT)

43.70

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.