

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 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** 28-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		3.00	43.70		26.22	131.10
002		REGULAR REF 1114005 PK OF 20 DELIVERY		1.00	8.00		1.60	8.00
ADDITIONAL NOTES -							27.82	139.10
							TOTAL £	166.92