PURCHASE ORDER

WORCESTERSHIRE ACUTE HOSPITALS NHST

Supplier:
VIAMED LTD
15 STATION ROAD
CROSS HILLS

KEIGHLEY,WEST YORKSHIRE BD20 7DT

01535634542
GLN:

Buyer	CATHERINE RWP JOHNSON
Telephone	
Email	c.johnson38@nhs.net

RWP 183817 NICU- PAEDS

Deliver to:
WORCESTERSHIRE ROYAL HOSPITAL
LOADING BAY
CHARLES HASTINGS WAY
WORCESTER, WR5 1DD

Invoice to:
WORCESTERSHIRE ACUTE HOSPITAL
RWP PAYABLES 6485
PHOENIX HOUSE TOPCLIFFE LANE
WAKEFIELD, WF3 1WE

0303 123 1177
GLN:

Order Number	305465946
Date	14-FEB-22

PLEASE CHECK THIS P.O. IF ANY OF THE DETAILS CONCERNING THE ITEMS LISTED ARE BELIEVED TO BE INCORRECT, I.E. SUPPLIER CODE, ITEM DESCRIPTION, PRICE OR DELIVERY CHARGE,

PLEASE EMAIL FULL DETAILS OF THE AMENDMENTS TO: WAH-TR.PURCHASING@NHS.NET OR ALTERNATIVELY FAX AN AMENDED COPY OF THE P.O. TO 01527 502822 AND,

IF REQUIRED, THE ORDER WILL BE RESUBMITTED TO YOU.

Quantity Required	U.O.M	Supplier Part Number:	Description	Delivery Date	Unit Price (Inc Discount)	Line Value GBP
2	PACK 20	1114005	Eyemask regular	27-FEB-22	43.70	87.40
2	PACK 20	Eyemax 2	Eyemax 2 neonatal phototherapy mask premie	27-FEB-22	40.75	81.50

Total Value of Order (Exc VAT) 168.90

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.