

PURCHASE ORDER

Supplier's Order

Order Number: IMPO047452

Order Date: 24-FEB-22 Supplier Code: VI0003

Reference: IMPO047452

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Order to: VIAMED LIMITED 15 STATION ROAD **CROSS HILLS** KEIGHLEY WEST YORKSHIRE BD20 7DT

Deliver to:

STORES DEPARTMENT

NORTHAMPTON GENERAL HOSPITAL NHS TRUST CLIFTONVILLE NORTHAMPTON, NN1 5BD

Email: ngh-tr.supplies.dept@nhs.net

All invoices to:

PAYMENTS DEPARTMENT

NORTHAMPTON GENERAL HOSPITAL NHS TRUST

CLIFTONVILLE NORTHAMPTON

NN1 5BD

Email: ngh-tr.payments@nhs.net

BD20 7D1	Email: right trisupplies.u		Email: figh-tr.payments@fins.net			
Product or Service	ату	NOM	Date Required	Contract Pri	ce	Net Value
1114005 EYEMAX 2 NEONATAL PHOTOTHERAPY MASK MODEL R300P01 BLUE SIZE REGULAR	1.0	D PACK 20	24-FEB-22		43.70	43.7
0021013 SENSOR WRAP FOR USE WITH MULTI-SITE 'Y' SENSORS REF 6554 **ORDER 11 + BOXES FOR SYSTEM PRICE** Product: 0021013 Contract: .	4.0	BOX 12	24-FEB-22		9.65	38.60
Terms and Conditions		1		TO ⁻	ΓAL	82.30

Terms and Conditions

Unless specified as an order placed under an existing contract, the order is subject to the NHS conditions of Contract for the Purchase of Goods and the Contract for the supply of Services (copies of which may be obtained on application) and the terms and conditions set out therein. Any queries please contact Supplies on 01604 545115 For and on behalf of Northampton General Hospital NHS Trust