

## Purchase Order

### Deliver To / Execute Work at:

Main Stores  
The Ipswich Hospital Nhs Trust  
Woodbridge Road East  
Ipswich

IP4 5PD

### Invoice To :

Finance Department - North Lodge  
East Suffolk and North Essex NHS FT  
Turner Road  
Colchester  
Essex  
CO4 5JL  
accountspayable@esneft.nhs.uk



East Suffolk and North Essex  
NHS Foundation Trust

**Official Order No: 200176109**

Please quote the Purchase Order no  
on all correspondence

**Order Date:** 25/02/2022

**Buyer:** Web Buyer

**Tel:**

**Contract Ref:**

**Account No:**

**Notes**

### Supplier :

Viamed Ltd  
15 Station Road  
Cross Hills  
Keighley  
West Yorkshire

BD20 7DT  
01535 634542

**Requisitioner:** Alison Olney

**Requisition No:** 100174801

**Manual Req No:** WEB0157794

**Requisition Pt:** Neonatal Unit

Line	Qty	Unit	Product Code	Description	Delivery By	Unit Price	Line Value Excl VAT
001	1		1114005	EyeMax 2 Neonatal Phototherapy Mask - Regular	04/03/2022	43.70	43.70
002	1		VIAMEDCARR1	Carriage Charge	04/03/2022	10.00	10.00
003	1		1114006	EyeMax 2 Neonatal Phototherapy Mask - Premie	04/03/2022	41.90	41.90
						<b>Total Value:</b>	<b>95.60</b>

**We are an end user for the purposes of section 55A VAT Act 1994 reverse charge for building and construction services.**

**Please issue us with a normal VAT invoice, with VAT charged at the appropriate rate. We will not account for the reverse charge.**

### Conditions of Order

1. All invoices must quote Official Order Number.
2. All goods must be accompanied by a Delivery Note quoting the Official Order Number.
3. Unless specified otherwise on the order this order is subject to the relevant NHS Standard Terms and Conditions of Contract.