PURCHASE ORDER

440168322

Order Date:	07-Jun-2022
Supplier No:	003442
Supp Name Address:	VIAMED 15 STATION ROAD CROSSHILLS KEIGHLEY WEST YORKSHIRE BD20 7DT
Supp Telephone:	01535 634542
Delivery Address:	R/D RECEIPT AND DELIVERY POINT-WGH NB ACCESS VIA VICARAGE RD ONLY WATFORD GENERAL HOSPITAL VICARAGE ROAD WATFORD DELIVERIES BETWEEN 8AM-1PM WD18 0HB
Queries Contact:	**Tim Hazell**
Telephone Number:	**01707 356171**
Order Queries Please Contact:	westherts.buyingteam@nhs.net
Telephone Extension:	
Invoice To:	WEST HERTS HOSPITALS NHS TRUST FINANCE DEPT WILLOW HOUSE VICARAGE ROAD WATFORD HERTS WD18 0HB
Email address for invoices and invoice queries:	westherts.accountspayable@nhs.net
Requistioner Name:	MARIAN BODIAN
Requistion No/Web Ref:	WEB0200720
Requistioning Point:	QH3218-SCBU-SPECIAL CARE BABY UNIT WGH

Line Number	Product Code	Product Description	Contract Code	Unit of Purchase	Order Quantity	Unit Price	Order Value	VAT Rate	Delivery Date
001	1114005	1114005 EyeMax2 Phototherapy Eye - Regular 32 - 38cm 1114005 EyeMax2 Phototherapy Eye - Regular 32 - 38cm		20	6.00	43.70	262.20	20.00	08-Jun-2022
002	1114006	1114006 EyeMax2 Phototherapy Eye - Premie 26 - 32cm 114006 EyeMax2 Phototherapy Eye - Premie 26 - 32cm		20	6.00	41.90	251.40	20.00	08-Jun-2022
003		POSEY WRAPS BOX OF 48			1.00	389.00	389.00	20.00	08-Jun-2022
							902.60		

A copy of our Terms and Conditions is available on request

Purchase order acknowledgements / confirmations / queries to wherts-tr.buyingteam@nhs.net

All delivery notes and invoices associated with this purchase order must quote the purchase order number