

## **PURCHASE ORDER**

Supplier's Order

Order Number: IMPO051295

Order Date: 16-JUN-22 Supplier Code: VI0003

Reference: IMPO051295

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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

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Product or Service		QTY	UOM	Date Required	Contract Ref	Price	Net Value
1114005 EYEMAX 2 NEONATAL PHOTOTHERAPY MASK MODEL R300P01 BLUE SIZE REGULAR		1.00	PACK 20	16-JUN-22		43.70	43.70
						TOTAL	40.7
Terms and Conditions	)					( IUIAL	43.70

## 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