

Order Date : 05-07-2022

Order No : **233270266**

Must be quoted on all correspondence.

Deliver To :

**CENTRAL STORES
PETERBOROUGH CITY HOSPITAL
EDITH CAVELL CAMPUS, BRETTON
PETERBOROUGH**

PE3 9GZ

GB

Requested delivery date: 07-07-2022

Location ID: RGN0275 NEONATAL INTENSIVE CARE
UNIT (NICU) PCH

Invoice and Payment Enquiries To

**NORTH WEST ANGLIA NHS FT
RGN PAYABLES 7455
PHOENIX HOUSE, TOPCLIFFE LANE
WAKEFIELD**

WF3 1WE

GB

Tel: 0303 123 1177

All enquiries regarding this order to:

Contact : RGN THOMAS SUNNY, LOVIN

Telephone : 01480 418775

Facsimile No. :

Email Address : lovin.thomassunny@nhs.net

Supplier

Viamed Ltd

Customer's Supplier Name:

VIAMED LTD

Conditions

THIS ORDER IS SUBJECT TO STANDARD NHS TERMS AND CONDITIONS. IF PRICES STATED ON THIS ORDER ARE INCORRECT ANY REVISED PRICES MUST BE AUTHORISED BY THE BUYER PRIOR TO ORDER EXECUTION. PAYMENT WILL BE MADE AT THE PRICES STATED HEREIN. DO NOT ASSIGN THIS ORDER SPECIAL INSTRUCTIONS.

Line	Goods or Services Required	Quantity	UOM	Contract Ref.	Unit Price	Line Value	VAT
1	0021013 sAO2 WRAP POSEY PREMIE SIZE BOX OF 12	12	BOX		£9.50	£114.00	-

Net Total : **£114.00**

Carriage : -

Tax : -

Total : **£114.00**