

PURCHASE ORDER

Supplier's Order

Order Number: IMPO052299

Order Date: 14-JUL-22 Supplier Code: VI0003

Reference: IMPO052299

Page: 1

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

) (Internal of the payments)					
Product or Service		QTY	UOM	Date Required	Contract Ref	Price	Net Value
1114006 EYEMAX 2 NEONATAL PHOTOTHERAPY MASK MODEL R300P02. ORANGE SIZE PREMIE		1.00	PACK 20	14-JUL-22		41.90	41.90
Terms and Conditions						TOTAL	41.90

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