

**Deliver To :**

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

**PE3 9GZ**

**GB**

Requested delivery date: 22-07-2022

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 SIMMONDS, NICHOLAS

Telephone : 01480 418719

Facsimile No. :

Email Address : nicholas.simmonds2@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 0021013 SAo2 WRAP BOX OF 12	12	BOX 12		£9.50	£114.00	-

Net Total : **£114.00**  
Carriage : -  
Tax : -  
Total : **£114.00**