

Purchase Order Number : 200427997

Please quote the Purchase Order Number on all correspondence.
Payment will not be made without a valid P.O number.

Supplier :

VIAMED
15 STATION ROAD
CROSS HILLS
KEIGHLEY
WEST YORKSHIRE

BD20 7DT
Telephone : 01535 634542

Deliver To :

University Hospital
Delivery Point 8
Receipt and Distribution
Clifford Bridge Road
Coventry
CV2 2DX

Delivery Arrangements Tel: 02476 967367

Invoice To :

FINANCE DEPARTMENT
University Hospitals of Coventry and Warwickshire
NHS Trust,
Clifford Bridge Road,
Coventry,
CV2 2DX

Email: accounts.payable@uhcw.nhs.uk
VAT Registration Number: GB654949096

Order Date :

23-Sep-2022

Required by Date :

29-Sep-2022

Ordering Department :

UWD703
Neonatal Unit

Notes to Supplier:

Line No.	Quantity	Unit of Purch	Description	Suppliers Part No :	Contract Reference :	Unit Price £	Discount £	VAT Amount £	Line Value £
001	3.00		EYEMAX 2 REGULAR 01114005			48.00	0.00	28.80	172.80
002	1.00		EYEMAX 2 MICRO 01114007			42.00	0.00	8.40	50.40

Contact in case of query :

Buyer Name : Alyson Gambrill-Oulds
Telephone No :
Fax No : 02476 968 417
Email : supplies@uhcw.nhs.uk

NHS Terms and conditions apply, a copy of which are available on request.

VAT Excl Total :

VAT Total :

Total Order Value : Continued...

Purchase Order Number : 200427997

Please quote the Purchase Order Number on all correspondence.
Payment will not be made without a valid P.O number.

Supplier :

VIAMED
15 STATION ROAD
CROSS HILLS
KEIGHLEY
WEST YORKSHIRE

BD20 7DT
Telephone : 01535 634542

Deliver To :

University Hospital
Delivery Point 8
Receipt and Distribution
Clifford Bridge Road
Coventry
CV2 2DX

Delivery Arrangements Tel: 02476 967367

Invoice To :

FINANCE DEPARTMENT
University Hospitals of Coventry and Warwickshire
NHS Trust,
Clifford Bridge Road,
Coventry,
CV2 2DX

Email: accounts.payable@uhcw.nhs.uk
VAT Registration Number: GB654949096

Order Date :

23-Sep-2022

Required by Date :

29-Sep-2022

Ordering Department :

UWD703
Neonatal Unit

Notes to Supplier:

Line No.	Quantity	Unit of Purch	Description	Suppliers Part No :	Contract Reference :	Unit Price £	Discount £	VAT Amount £	Line Value £
00:	4.00		EYEMAX 2 PREMIE 01114006			46.00	0.00	36.80	220.80

Contact in case of query :

Buyer Name : Alyson Gambrill-Oulds
Telephone No :
Fax No : 02476 968 417
Email : supplies@uhcw.nhs.uk

NHS Terms and conditions apply, a copy of which are available on request.

VAT Excl Total : 370.00
VAT Total : 74.00
Total Order Value : 444.00