



Invoices without a valid purchase order number will be returned

SUPPLIER
Viamed Ltd
15 Station Road
Cross Hills
Keighley
West Yorkshire
BD20 7DT

Terms and Conditions of Purchase:

1. All goods must be delivered with a delivery note quoting the purchase order number.
2. We reserve the right to return invoices that do not quote the purchase order number, which may significantly delay payment.
3. [This purchase order is in accordance with terms and conditions of purchase of the Department of Health.](#)
4. Any supplementary terms and conditions as per the stated contract reference.

DELIVER TO / EXECUTE WORK AT:
Stores Central Receipt Point
Rotherham General Hospital
Moorgate Road
Rotherham
South Yorkshire
S60 2UD

***OPENING TIMES** 7.00am-2.00pm Mon to Fri only
48hrs notice is required for delivery of bulky items ie furniture, equipment (01709 427199)

INVOICE ADDRESS AND PAYMENT ENQUIRIES TO:
Email: rgh-tr.accountspayable@nhs.net
Financial Services
C/O Woodside
Rotherham NHS Foundation Trust
Moorgate Road
Rotherham
South Yorkshire
S60 2UD

ENQUIRIES: Judith Farrow
TEL NO: 01709 820000
E-MAIL: judith.farrow@nhs.net

WARD/DEPARTMENT: 6C7053 SCBU
ORIGINAL REQ NO: 1119392
REFERENCE:

Line No	Product Code	Description	Qty	Pack Size	VAT %	Unit Net £ Price ex VAT	Total Line £ Price ex VAT
1	5532/1114005	1114005 - EyeMax 2 Neonatal Phototherapy Mask - Regular Stk Ref: 1114005 Contr: Last 24 Months Purchases	2	1	20%	42.50	85.00
2	5532/1114006	1114006 EyeMax 2 Neonatal Phototherapy Mask - Premie Stk Ref: 1114006 Contr: Last 24 Months Purchases	1	20	20%	46.00	46.00
3	5532/1114007	1114007 EyeMax 2 Neonatal Phototherapy Mask - Micro Stk Ref: 1114007 Contr: Last 24 Months Purchases	1	20	20%	31.50	31.50

Authorising Officer for and on behalf of the Authority
Head of Procurement

Total	162.50
VAT	32.50
Total Order Value	195.00