

Order Type: NORMAL ORDER  
Order Number: 300080830  
Order Date: 13/03/2023

PLEASE QUOTE THE PURCHASE ORDER NUMBER ON  
ALL CORRESPONDENCE

PLEASE CLICK HERE TO ACKNOWLEDGE RECEIPT

Order Info:

Requesting Department:

WALNUT SCBU (GD1461)

- Level 3, Junction 11 -

Order Requested By: Kathryn Wood

Procurement Contact: Emily Toms  
07830357504

PAQ Reference:

URN Reference:

General Info:

Supplier :

VIAMED LTD  
15 STATION ROAD CROSS HILLS  
KEIGHLEY  
WEST YORKSHIRE

BD20 7DT

Tel No: 01535 634 542

Fax No:

DELIVER TO:

Darent Valley Hospital - Goods Inward

Darent Valley Hospital  
Darenth Wood Road  
Dartford  
Kent

DA2 8DA

Tel: 01322 428214

OPENING TIMES: 08:00 to 14:00

Billing:

Dartford & Gravesham NHS Trust  
Darenth Wood Road  
Dartford  
Kent  
DA2 8DA

**INVOICES MUST BE SENT TO:**  
[dgt.accountspayable@nhs.net](mailto:dgt.accountspayable@nhs.net)

General Invoice Enquiries to:  
Anne Donovan - (07830) 341292

Line No.	Item ref	Description	UOM	QOM	Quote / Contract Ref:	Quantity Required	Unit Price	Line Value
001	1114015	x5 packs of 20 NeoMask phototherapy masks Size Large REF 1114015	PACK	5	email quote	5.00	38.40	192.00
002	1114016	x4 packs of 20 Medium NeoMask from Viamed REF 1114016	PACK	4	email quote	4.00	36.80	147.20
003	CARRIAGE	Carriage for above	EACH	1	email quote	1.00	12.00	12.00

Conditions of Order

- Unless specified otherwise, this order is subject to the appropriate NHS Conditions of Contract which will be advised by the Trust on Application or by visiting <https://www.england.nhs.uk/nhs-terms-and-conditions-for-the-procurement-of-non-clinical-goods-and-services/>
- All goods must be accompanied by a delivery note quoting the above Purchase Order Number.
- The above order number must be quoted on all advice notes, delivery notes, correspondence, invoices, acknowledgements, etc.
- Goods will be received only between 08.00 and 14.00 Monday to Friday.**
- It is a condition of this order that the property and risk of the goods shall lie with the supplier until the goods have been accepted at the specified delivery address as per the contract conditions.
- Invoices must be sent to the address indicated above/below and must quote the above Purchase Order Number. Invoices not complying with this instruction will be returned to the supplier in accordance with the Trusts 'No Purchase Order, No Pay' policy.

VAT Excl :	351.20
Total VAT:	70.24
Order Total	421.44