

**PURCHASE ORDER: RWA205803**  
Please quote order number on all correspondence

# Hull University Teaching Hospitals

NHS Trust

SUPPLIER:

VIAMED LTD  
15 STATION ROAD  
CROSS HILLS  
BD20 7DT

INVOICE TO:

HULL UNIVERSITY TEACHING HOSPITALS  
PO Box 17390 (INVOICES ONLY)  
Birmingham  
elfs.356hey@cloud-trade.net  
B9 9NG

DELIVER TO:

VAT Regn No : GB 654 9722 04

WARD - NICU

Enquiries via email or Tel : 01482 608783

Email : hyp-tr.cs.supplies@nhs.net

Vendor Number: 1975  
Date: 30/03/23  
Requisition Number: R172086

LINE NO	ITEM REF	DESCRIPTION	DELIVERY	QUANTITY	UNIT OF ISSUE	UNIT PRICE	LINE VALUE
1	1114006	1114006 - EYEMAX 2 NEONATAL MASK PREEMIE-PK/20	06/04/23	2.00	PACK	46.00	92.00
2	1114007	1114007 - EYEMAX 2 NEONATAL MASK MICRO-PK/20 1114007 - EYEMAX 2 NEONATAL MASK MICRO-PK/20	06/04/23	2.00	PACK	42.00	84.00
<b>CONDITIONS OF ORDER</b> <small>1. This order is placed subject to the relevant NHS Terms and Conditions as detailed below - a) Where a valid agreement exists for the items listed above the following NHS Terms and Conditions shall prevail (as applicable): - NHS Terms and Conditions for the Supply of Goods (Contract Version) Or NHS Terms and Conditions for the Provision of Services (Contract Version). b) Where no valid agreement exists for the items listed above the following NHS Terms and Conditions shall prevail (as applicable): - NHS Terms and Conditions for the Supply of Goods (Purchase Order Version) Or NHS Terms and Conditions for the Provision of Services (Purchase Order Version). 2. All goods must be accompanied by a delivery note quoting the above Purchase Order Number (RWA205803). Goods will only be accepted between 08:00 and 15:00 Monday to Friday. 3. The above order number must be quoted on all advice notes, delivery notes, correspondence, invoices, acknowledgements etc. 4. Any price variances to that shown above, must be notified immediately otherwise delays can occur in the settlement of your invoice. 5. Invoices must be sent to the address above/below and must quote the above Purchase Order Number. Invoices not complying with this instruction will be returned to the supplier. 6. Please submit your invoice via PEPPOL.</small>						<b>VAT Excl:</b>	176.00
						<b>Total VAT</b>	35.20
						<b>Order Total</b>	211.20