## **Purchase Order** 240003126



If any details on this PO are

incorrect please reject the

**Purchase Order and contact** 

**Procurement Services on the** 

email provided.

**SUPPLIER - 001106** 

VIAMED 15 STATION ROAD **CROSS HILLS** KEIGHLEY **WEST YORKS** 

**BD20 7DT** 

Tel: 01535634542

Fax:

DELIVER TO

HOSPITAL MAIN STORE MAIN STORES MEDWAY MARITIME HOSPITAL WINDMILL ROAD GILLINGHAM **KENT** ME7 5NY

Medwayft.paymentsteam@nhs.net

Accounts Payable: (01634) 976402 / 976211 / 976349

**Delivery Times** 8:00 a.m. to 4:00 p.m. Monday to Friday

**Order Enquiries - Procurement** 

Julie Brooker 01634 833700 Medwayft.Procurement.Services@nhs.net

**Invoice Enquiries - Finance** 

ORDER DETAILS

PROCUREMENT SERVICES ON THE EMAIL PROVIDED

Order Number 240003126 Order Page 1 of 1 Order Date 30/05/2023

Requisition Point 791420 - NEO-NATAL UNIT (NICU)

Requisition Number 100090374

Requisitioner Gemma Heale x5125 INVOICE TO

FINANCE DEPARTMENT

RESIDENCE 13A

MEDWAY MARITIME HOSPITAL WINDMILL ROAD GILLINGHAM

KENT ME7 5NY

Where possible all Invoices and Credit notes should be

emailed to: Medwayft.Invoices@nhs.net

- 1. This order is issued in accordance with the appropriate NHS Terms & conditions of contract a copy of which can be obtained from Procurement Dept., Tel 01634 833700
- 2. Delivery notes must accompany all deliveries of goods, quoting official order number.
- 3. No variation to this order without written authority any alteration in quantity, price or specification must be agreed in writing before the goods are supplied.
- 4. Carriage charges: Unless specified below, goods and services will be provided carriage paid.

292.80

- 5. COSHH 1998 Regulations: The Supplier must provide detailed Product Composition Data / Health and Safety for items that could be hazardous to health.
- 6. NHS Payment Terms: Net Monthly

Total Value

7. All invoices must quote official order number and be rendered as directed.

Supplier Item Ref / Contract	Quantity and Unit	Description	Unit Price	Value	Discount %	Delivery Required
	3	Eyemax 2 ORANGE PREEMIE phototherapy mask 20 pack R3OOP02 1114006	46.00	138.00	0	
	2	Eyemax 2 BLUE REGULAR phototherapy mask 20 pack R3OOP01 1114005	48.00	96.00	0	
	1	Delivery charge	10.00	10.00	0	
			Nett Value			
GOODS WILL NOT BE ACCEPTED UNLESS OUR ORDER NUMBER IS INDICATED ON THE DELIVERY NOTE, WHICH MUST BE INCLUDED				244.00		
THE OUTER PACKAGING. IF ANY DETAILS ON THIS PO ARE INCORRECT, PLEASE REJECT THE PURCHASE ORDER AND CONTAC			VAT Value	48.80		