

Purchase Order No. RNNN400176838	Rev No. 0	Page 1 of 2	North Cumbria Integrated Care NHS Foundation Trust 
Date of Order 07-SEP-2023	Revision Date		

Supplier: Viamed Ltd 15 Station Road Cross Hills Keighley BD20 7DT Tel:	Deliver To: Receipt & Distribution West Cumberland Hospital Homewood Road Whitehaven CA28 8JG United Kingdom	Invoice To: North Cumbria Integrated Care NHS Foundation Trust Accounts Payable Parkhouse Building Kingmoor Park Baron Way CARLISLE CA6 4SJ United Kingdom Tel: 01228 936300 Email: accounts-payable@ncic.nhs.uk	Enquiries To: Purchasing Team CIC Procurement Cumberland Infirmary, Newtown Road Carlisle CA2 7HY Tel: 01524 511910 Email: ncicpurchasing@mbht.nhs.uk
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Important Information: 1. This order is subject to the NHS Terms and Conditions for the Supply of Goods and the Provision of Services 2014, available at www.gov.uk/dh . 2. Any price alterations must be agreed with the Buyer prior to order execution. 3. The above order number must be quoted on all invoices, delivery notes and other correspondence. A delivery note must accompany each consignment of goods. 4. Goods will be received only between 08:00 and 16:00 hrs Monday to Thursday and 08:00 and 15:30 hrs on Friday. REQUIRED DELIVERY DATE/TIME - Deliveries to be received no later than date shown - Any costs incurred by the Trust as a consequence of late delivery will be recharged.

Line No.	Product Code	Description of Goods or Services	Qty	Unit of Measure	Unit Price	Line Total	Deliver by Date	Contract/Quote Reference
1	1114017	NEOMASK PHOTOTHERAPY EYE MASK SMALL - PACK 20 (QUOTE REF NCIC/23/089/LB) Note:	1	PK	33.600	33.60	13/09/2023	RNLN600000138
2	1114015	NEOMASK PHOTOTHERAPY EYE MASK LARGE - PACK 20 (QUOTE REF NCIC/23/089/LB) Note:	1	PK	38.400	38.40	13/09/2023	RNLN600000138

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3	1114016	NEOMASK PHOTOTHERAPY EYE MASK MEDIUM - PACK 20 (QUOTE REF NCIC/23/089/LB) Note:	1	PK	36.800	36.80	13/09/2023	RNLN600000138
					Total GBP:	108.80		