

# PURCHASE ORDER

|                                                                                     |                                                                                                                                                                         |                                                                                                  |                                                                                                                                                                    |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Supplier</b><br>Viamed<br>15 Station Road<br>Cross Hills<br>Keighley<br>BD20 7DT | <b>Delivery Address</b><br>Logistics Goods-In (Royal Devon NHS)<br>(Maternity - Admin)<br>Unit A, Kestrel Way<br>Sowton Industrial Estate<br>Exeter<br>Devon<br>EX2 7LA | <b>Invoice Address</b><br>Invoices should be sent to:<br>royaldevon.invoices@proactiscapture.com | <b>Enquiries</b><br>Purchase Order enquiries should be sent to:<br>rduh.procurement@nhs.net<br><br>Invoice enquiries should be sent to:<br>rduh.apinvoices@nhs.net |
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**Order No:** 30047397  
**Order Date:** 13/11/2023  
**Supplier ID:** 108268

**Delivery Date:** 18/11/2023  
**Terms:** Net 30 days  
**Your Reference:**

| Product ID | Description                                                           | Contract Ref             | QTY | UOM     | Unit Price | Total Price in GBP | VAT   |
|------------|-----------------------------------------------------------------------|--------------------------|-----|---------|------------|--------------------|-------|
| 1114005    | 1114005 BABY EYE MAX 2 PHOTOTHERAPY MASKS SIZE REGULAR VIAMED PACK 20 | NHS PRICE LIST 31 JUL 22 | 2   | PACK 20 | 55.30      | 110.60             | 22.12 |

|              |            |               |
|--------------|------------|---------------|
| Subtotal     | <b>GBP</b> | 110.60        |
| Total VAT    | <b>GBP</b> | 22.12         |
| <b>Total</b> | <b>GBP</b> | <b>132.72</b> |

## NOTES

1. This order is subject to the NHS Terms and Conditions for the Supply of Goods and the Provision of Services (Purchase Order Version) January 2018. A copy can be accessed at <https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services>
2. Our invoice address is Royal Devon University Healthcare NHS Foundation Trust, Cash Management, Gladstone House, Gladstone Road, Heavitree, Exeter EX1 2ED
3. An advice of despatch must be sent separately to the consignee and the goods must be accompanied by a delivery note.
4. The above order number must be quoted on all advice notes, delivery notes, invoices, correspondence, acknowledgements etc. Each order should have a separate delivery note.
5. Goods will be received only between 08:00 to 16:00 hrs. Monday to Friday.
6. Any alterations in quantity or price must be agreed in writing – [rduh.procurement@nhs.net](mailto:rduh.procurement@nhs.net)
7. No additions to this order are to be supplied or executed without written confirmation.