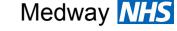
Purchase Order 240015096



NHS Foundation Trust

SUPPLIER - 001106

VIAMED 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKS

BD20 7DT

Tel: 01535634542

Fax:

DELIVER TO

HOSPITAL MAIN STORE
MAIN STORES (PROCUREMENT)
MEDWAY MARITIME HOSPITAL
WINDMILL ROAD GILLINGHAM
KENT
ME7 5NY

Delivery Times

8:00 a.m. to 4:00 p.m. Monday to Friday

Order Enquiries - Procurement

Procurement Department 01634 833700

Medwayft.Procurement.Services@nhs.net

Invoice Enquiries - Finance

Medwayft.paymentsteam@nhs.net

Accounts Payable: (01634) 976402 / 976211 / 976349

If any details on this PO are incorrect please reject the Purchase Order and contact Procurement Services on the email provided.

ORDER DETAILS

Order Number 240015096 Order Page 1 of 1 Order Date 08/01/2024

Requisition Point 791440 - PEARL WARD

PROCUREMENT SERVICES ON THE EMAIL PROVIDED

Requisition Number 100102741 Requisitioner Susan Pope x

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.

115.20

- 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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------|------------|-------|---------------|----------------------|
| 1114005 MEDGHXDEF | 2 | EyeMax 2 Neonatal Phototherapy Mask - Regular | 48.00 | 96.00 | 0 | |
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| COOPS WILL NOT BE ACCEPTED IN | II FOR OUR OPPER MUMPER IS | NINDICATED ON THE DELIVERY NOTE WHICH MUST BE INCLUDED | Nett Value | 96.00 | | |
| GOODS WILL NOT BE ACCEPTED UNLESS OUR ORDER NUMBER IS INDICATED ON THE DELIVERY NOTE, WHICH MUST BE INCLUDED THE OUTER PACKAGING. IF ANY DETAILS ON THIS PO ARE INCORRECT, PLEASE REJECT THE PURCHASE ORDER AND CONTACT | | | VAT Value | 19.20 | | |