

Official Purchase Order

Order Number : 444098873

Order Date : 17 Jan 2024

All goods MUST be delivered to the address stated within the purchase order and MUST be signed for at the time of delivery, failure to get a signature will result in a credit being requested if a delivery goes missing.

We will not be liable for missing items that have not been signed for.

Any deliveries to Kings Mill Hospital Goods Receipt Point - use the entrance off the A6075 at all times. Opening Times are 08:00 to 16:00 Monday to Friday.

INVOICES must be sent to the ACCOUNTS PAYABLE DEPT.

Supplier Details:		02428 VIAMED LTD 15 STATION ROAD CROSS HILLS KEIGHLEY W. YORKS BD20 7DT					
Telephone No.:		01535 634542					
Deliver To:		GOODS RECEIPT POINT KINGS MILL HOSPITAL MANSFIELD ROAD SUTTON IN ASHFIELD NOTTS NG17 4JL					
Invoice To:		FINANCE DEPARTMENT KINGS MILL HOSPITAL MANSFIELD ROAD SUTTON IN ASHFIELD NOTTS NG17 4JL					
In case of Query please contact:		WEB BUYER 01623 622515 EXT 4242					
Requisition Point Description:		NEONATAL INTENSIVE CARE UNIT					
Paper / Web Ref:							
Requisition Number:		000184622					
Line No.	Product Details	Quantity	Price Excl VAT	Value Excl VAT	Deliver By	Contract Reference	For Trust Internal Use
001	1114005.VIAMED EYEMAX 2 NEONATAL PHOTOTHERAPY MASK - REGULAR BOX OF 20	2	55.30	110.60	19 Jan 2024	PUR485/0003	WP06283240300
				110.60			

Terms and Conditions

All orders are placed against NHS Terms and Conditions. To view a copy, please use the above link to visit the DoH website.