

COPY PURCHASE ORDER: RWA225539  
Please quote order number on all correspondence

# Hull University Teaching Hospitals

NHS Trust

SUPPLIER:

VIAMED LTD  
15 STATION ROAD  
CROSS HILLS  
BD20 7DT

INVOICE TO:

HULL UNIVERSITY TEACHING HOSPITALS  
C/O ELFS Shared Services  
PO Box 4418, Unit 2  
Swindon, SN4 4RW  
Email: elfs.356hey@cloud-trade.net

DELIVER TO:

VAT Regn No : GB 654 9722 04

HUTH GOODS INWARD HRI  
HULL ROYAL INFIRMARY  
FOUNTAIN STREET  
ANLABY ROAD  
HULL  
HU3 2JZ

Enquiries via email or Tel : 01482 608783

Email : hyp-tr.cs.supplies@nhs.net

Vendor Number: 1975  
Date: 23/01/24  
Requisition Number: R206505

LINE NO	ITEM REF	DESCRIPTION	DELIVERY	QUANTITY	UNIT OF ISSUE	UNIT PRICE	LINE VALUE
1	1114006	1114006 EYEMAX 2 NEONATAL PHOTOTHERAPY MASK - PREMIE PACK OF 20	29/01/24	2.00	PACK	55.30	110.60
2	1114007	1114007 EYEMAX 2 NEONATAL PHOTOTHERAPY MASK - MICRO PACK OF 20	29/01/24	1.00	PACK	55.30	55.30
<b>CONDITIONS OF ORDER</b> <small>1. This order is placed subject to the relevant NHS Terms and Conditions as detailed below - a) Where a valid agreement exists for the items listed above the following NHS Terms and Conditions shall prevail (as applicable): - NHS Terms and Conditions for the Supply of Goods (Contract Version) Or NHS Terms and Conditions for the Provision of Services (Contract Version). b) Where no valid agreement exists for the items listed above the following NHS Terms and Conditions shall prevail (as applicable): - NHS Terms and Conditions for the Supply of Goods (Purchase Order Version) Or NHS Terms and Conditions for the Provision of Services (Purchase Order Version). 2. All goods must be accompanied by a delivery note quoting the above Purchase Order Number (RWA225539). Goods will only be accepted between 08:00 and 15:00 Monday to Friday. 3. The above order number must be quoted on all advice notes, delivery notes, correspondence, invoices, acknowledgements etc. 4. Any price variances to that shown above, must be notified immediately otherwise delays can occur in the settlement of your invoice. 5. Invoices must be sent to the address above/below and must quote the above Purchase Order Number. Invoices not complying with this instruction will be returned to the supplier. 6. Please submit your invoice via PEPPOL.</small>						<b>VAT Excl:</b>	165.90
						<b>Total VAT</b>	33.18
						<b>Order Total</b>	199.08