

Official Purchase Order

Order Number : 444099159

Order Date : 13 Feb 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:		000185465					
Line No.	Product Details	Quantity	Price Excl VAT	Value Excl VAT	Deliver By	Contract Reference	For Trust Internal Use
001	3810000.VIAMED PULSE OXIMETRY POSY WRAP WITH ID BAND BOX OF 20	10	16.50	165.00	15 Feb 2024	PUR485/0001	WP06283240300
002	1114006.VIAMED EYEMAX 2 NEONATAL PHOTOTHERAPY MASK - PREMIE BOX OF 20	2	55.30	110.60	15 Feb 2024	PUR485/0002	WP06283240300
				275.60			

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.