



Invoices without a valid purchase order number will be returned

SUPPLIER

Viamed Ltd
15 Station Road
Cross Hills
Keighley
West Yorkshire
BD20 7DT

Terms and Conditions of Purchase:

1. All goods must be delivered with a delivery note quoting the purchase order number.

2. We reserve the right to return invoices that do not quote the purchase order number, which may significantly delay payment.

3. [This purchase order is in accordance with terms and conditions of purchase of the Department of Health.](#)

4. Any supplementary terms and conditions as per the stated contract reference.

DELIVER TO / EXECUTE WORK AT:

Stores Central Receipt Point
Rotherham General Hospital
Moorgate Road
Rotherham
South Yorkshire
S60 2UD

*OPENING TIMES 7.00am-2.00pm Mon to Fri only

48hrs notice is required for delivery of bulky items ie furniture, equipment (01709 427199)

INVOICE ADDRESS AND PAYMENT ENQUIRIES TO:

Email: rgh-tr.accountspayable@nhs.net

Financial Services
C/O Woodside
Rotherham NHS Foundation Trust
Moorgate Road
Rotherham
South Yorkshire
S60 2UD

ENQUIRIES: Judith Farrow

TEL NO: 01709 820000

E-MAIL: judith.farrow@nhs.net

WARD/DEPARTMENT: 6C7053 SCBU

ORIGINAL REQ NO: 1132956

REFERENCE:

Line No	Product Code	Description	Qty	Pack Size	VAT %	Unit Net £ Price ex VAT	Total Line £ Price ex VAT
1	5532/1114006	1114006 EyeMax 2 Neonatal Phototherapy Mask - Preemie	2	20	20%	55.30	110.60
		Stk Ref: 1114006 Contr: Last 24 Months Purchases					
2	5532/1114007	1114007 EyeMax 2 Neonatal Phototherapy Mask - Micro	2	20	20%	55.30	110.60
		Stk Ref: 1114007 Contr: Last 24 Months Purchases					
3	5532/1114005	1114005 - EyeMax 2 Neonatal Phototherapy Mask - Regular	1	1	20%	55.30	55.30
		Stk Ref: 1114005 Contr: Last 24 Months Purchases					

Authorising Officer for and on behalf of the Authority

Head of Procurement

Total	276.50
VAT	55.30
Total Order Value	331.80