PURCHASE ORDER

Supplier	**Delivery Address**	**Invoice Address**	**Enquiries**
Viamed 15 Station Road Cross Hills Keighley BD20 7DT	Logistics Goods-In (Royal Devon NHS) (Neonatal unit nursing) Unit A, Kestrel Way Sowton Industrial Estate Exeter Devon EX2 7LA	Invoices should be sent to: royaldevon.invoices@proactiscapture.com (See notes below for invoice postal address)	Purchase Order enquiries should be sent to: rduh.procurement@nhs.net Invoice enquiries should be sent to: rduh.apinvoices@nhs.net

Order No: 30076967
Order Date: 11/04/2024
Supplier ID: 108268

Delivery Date: 16/04/2024
Terms: Net 30 days
Your Reference:

Product ID	Description	Contract Ref	QTY	UOM	Unit Price	Total Price in GBP	VAT
1114006	1114006 BABY EYE MAX 2 PHOTOTHERAPY MASKS SIZE PREMIE VIAMED PACK 20		1	PACK 20	55.30	55.30	11.06
78121603	Text based delivery charge is applied for Viamed (108268) (EAST) catalogue items		1	¤	8.00	8.00	1.60

Subtotal	**GBP**	63.30
Total VAT	**GBP**	12.66
Total	**GBP**	75.96

NOTES

1.This order is subject to the NHS Terms and Conditions for the Supply of Goods and the Provision of Services (Purchase Order Version) January 2018. A copy can be accessed at https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services

2. Our invoice address is Royal Devon University Healthcare NHS Foundation Trust, Cash Management, Gladstone House, Gladstone Road, Heavitree, Exeter EX1 2ED

3. An advice of despatch must be sent separately to the consignee and the goods must be accompanied by a delivery note.

4. The above order number must be quoted on all advice notes, delivery notes, invoices, correspondence, acknowledgements etc. Each order should have a separate delivery note.

5. Goods will be received only between 08:00 to 16:00 hrs. Monday to Friday.

6. Any alterations in quantity or price must be agreed in writing – rduh.procurement@nhs.net

7. No additions to this order are to be supplied or executed without written confirmation.