Deliver to/Execute Work at:	Invoice/Payment Queries to
PROCUREMENT DEPARTMENT THE DUDLEY GROUP NHS FT RUSSELLS HALL HOSPITAL DUDLEY DY1 2HQ	THE DUDLEY GROUP NHS FT FINANCE DEPARTMENT TRUST HEADQUARTERS RUSSELLS HALL HOSPITAL DUDLEY WEST MIDS DY1 2HQ EMAIL DGFT.PAYMENTS@NHS.NET

NHS
The Dudley Group
NHS Foundation Trust

Supplier Name & Address:	All enquiries/correspondence concerning this order to:
VIAMED 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE BD20 7DT	BRADLEY ENGLAND

Official Order no **170007206**

Order date **21/05/2024 00:00:00**

Fax to: **01535 635582**

Line No	Order Qty	Unit Of Purchase	NSV Code	Description	Unit Price exc Discount & VAT	Discount Amount	Value excl VAT
001	2.00			PRODUCT CODE:- R300P02 BILIRUBIN EYEMAX 2 NEONATAL PHOTOTHERAPY MASKS . ORANGE . UNIT OF ISSUE:- PACK (20)	55.30	0	110.60
002	2.00			PRODUCT CODE:- R300P01 BILIRUBIN EYEMAX 2 NEONATAL PHOTOTHERAPY MASKS .	55.30	0	110.60

Conditions of Order

1. This Purchase Order is placed with your organisation subject to the application of our terms and conditions as referred to in the Department of Health's "Applicable Contract Terms Policy". Copies available at: https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services"
2. Payment terms are 30 days from the receipt of an invoice. Providing the goods or services listed on this purchase order will be considered acceptance of these terms.
3. The above Official Order Number must be quoted on all advice notes, delivery notes, invoices, acknowledgements, correspondence etc.
4. Goods will be received between 08.00am and 15.45pm Monday to Friday except Bank Holidays.
5. All invoices must be sent to the address indicated above and any invoices not quoting the Official Order Number will be returned to the Supplier.
6. Suppliers should adhere to our Supplier Code of Conduct (available on our website).

Signed:.....
ON BEHALF OF:
THE DUDLEY GROUP NHS FOUNDATION TRUST

Deliver to/Execute Work at:	Invoice/Payment Queries to
PROCUREMENT DEPARTMENT THE DUDLEY GROUP NHS FT RUSSELLS HALL HOSPITAL DUDLEY DY1 2HQ	THE DUDLEY GROUP NHS FT FINANCE DEPARTMENT TRUST HEADQUARTERS RUSSELLS HALL HOSPITAL DUDLEY WEST MIDS DY1 2HQ EMAIL DGFT.PAYMENTS@NHS.NET

NHS
The Dudley Group
NHS Foundation Trust

Supplier Name & Address:	All enquiries/correspondence concerning this order to:	Official Order no	170007206
VIAMED 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE BD20 7DT	BRADLEY ENGLAND	Order date	21/05/2024 00:00:00
		Fax to:	01535 635582

Line No	Order Qty	Unit Of Purchase	NSV Code	Description	Unit Price exc Discount & VAT	Discount Amount	Value excl VAT
003	1.00	EACH	CARRIAGE	BLUE . UNIT OF ISSUE:- PACK (20) . CARRIAGE . . . ALL AS PER EMAIL QUOTE AQIB MAJEED	10.00	0	10.00
				Total Order Value			231.20

Conditions of Order

1. This Purchase Order is placed with your organisation subject to the application of our terms and conditions as referred to in the Department of Health's "Applicable Contract Terms Policy". Copies available at: https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services"
2. Payment terms are 30 days from the receipt of an invoice. Providing the goods or services listed on this purchase order will be considered acceptance of these terms.
3. The above Official Order Number must be quoted on all advice notes, delivery notes, invoices, acknowledgements, correspondence etc.
4. Goods will be received between 08.00am and 15.45pm Monday to Friday except Bank Holidays.
5. All invoices must be sent to the address indicated above and any invoices not quoting the Official Order Number will be returned to the Supplier.
6. Suppliers should adhere to our Supplier Code of Conduct (available on our website).

Signed:.....
ON BEHALF OF:
THE DUDLEY GROUP NHS FOUNDATION TRUST