PURCHASE ORDER: RWA235062
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 Business 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 MEDICAL PHYSICS DEPARTMEN
HULL ROYAL INFIRMARY
ARLINGTON STREET
ANLABY ROAD
HULL
HU3 2JZ

Enquiries via email or Tel : 01482 608783
Email : hyp-tr.cs.supplies@nhs.net

Vendor Number: 1975
Date: 06/06/24
Requisition Number: R223780

LINE NO	ITEM REF	DESCRIPTION	DELIVERY	QUANTITY	UNIT OF ISSUE	UNIT PRICE	LINE VALUE
1		ANNUAL SERVICE OF TOM THUMBS AS DETAILED IN QUOTE S/N-040895, 440060, VMCJ48, SRS68798, SRN36471-35473 QUOTE REF-QVM150282	11/06/24	1.00	EACH	287.85	287.85

VAT Excl:	287.85
Total VAT	57.57
Order Total	345.42

CONDITIONS OF ORDER

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 (RWA235062). 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.

IF THIS PRICE IS INCORRECT, PLEASE EMAIL hyp-tr.cs.supplies@nhs.net WITH DETAILS OF CORRECT PRICING TO ENABLE US TO RECTIFY THIS BEFORE YOU INVOICE, THIS WILL AVOID DELAYS IN PAYMENT**