The Royal Wolverhampton NHS Trust

OFFICIAL ORDER

Order Date : 15-07-2024

Order No : MM118155

Must be quoted on all correspondence.

Deliver To :

RECEIPTS & DISTRIBUTION CENTRE - STORES
BUILDING 2 RWT - NEW CROSS HOSPITAL
WOLVERHAMPTON ROAD
WOLVERHAMPTON
WV10 0QP

Requested delivery date: 15-07-2024

Invoice and Payment Enquiries To

THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

CORPORATE SERVICES CENTRE
NEW CROSS HOSPITAL, WOLVERHAMPTON ROAD
WOLVERHAMPTON
WV10 0QP

All enquiries regarding this order to:

Contact : matman
Telephone :
Facsimile No. :
Email Address : rwh-tr.MaterialsManagement@nhs.net

Supplier

Viamed Ltd

Requisition Point Name/Desc:
MATERNITY WARD D10

Conditions

1. This order is placed subject to the relevant NHS Terms and Conditions as detailed below: (https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services)
a) Where a valid agreement exists for the items listed below 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 below 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.
3. The above order number must be quoted on all advice notes, delivery notes, correspondence, invoices, acknowledgements etc.
4. Goods will be received as follows:- RWT between 08.00 and 16.00 Monday to Friday. Cannock Chase Hospital (CCH) between 07:45 and 15:45 Monday to Friday.
5. It is a condition of this order that the property and risk of the goods shall lie with the supplier until the goods have been accepted at the specified delivery address as per the contract conditions.
6. Invoices must be sent via email to: rwh-tr.creditorpayments@nhs.net, and quote the above Purchase Order Number.
INVOICES NOT COMPLYING WITH THIS INSTRUCTION WILL BE RETURNED TO THE SUPPLIER.

_____ VAT Registration No: GB 654 947 886 _____ EORI Code: GB 654 947 886 000 _____

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Line		Goods or Services Required	Quantity	UOM	Contract Ref.	Unit Price	Line Value	VAT
1		1114006 **1114006 - EYEMAX 2 PHOTOTHERAPY MASK PREMIUM**	**1.00**	P20		£55.30	£55.30	£11.06
2		1114005 **1114005 - EYEMAX 2 PHOTOTHERAPY MASK REGULAR**	**1.00**	P20		£55.30	£55.30	£11.06

Net Total :	**£110.60**
Carriage :	**-**
Tax :	**£22.12**
Total :	**£132.72**