

# Amended Purchase Order

## 250008166

### SUPPLIER - 001106

VIAMED  
15 STATION ROAD  
CROSS HILLS  
KEIGHLEY  
WEST YORKS

BD20 7DT

Tel: 01535634542  
Fax:

### DELIVER TO

HOSPITAL MAIN STORE  
MAIN STORES (PROCUREMENT)  
MEDWAY MARITIME HOSPITAL  
WINDMILL ROAD GILLINGHAM  
KENT  
ME7 5NY

### Delivery Times

8:00 a.m. to 4:00 p.m. Monday to Friday

### Invoice Enquiries

Accounts Payable Dept  
Tel: 01634 833842 Fax: 01634 817367

### Order Enquiries

Procurement Department 01634 833700

### ORDER DETAILS

Order Number 250008166  
Order Page 1 of 1  
Order Date 10/09/2024

Requisition Point 791423 - KENT WARD  
Requisition Number 100115634  
Requisitioner Susan Pope x

### INVOICE TO

FINANCE DEPARTMENT  
RESIDENCE 13A  
MEDWAY MARITIME HOSPITAL  
WINDMILL ROAD GILLINGHAM  
KENT  
ME7 5NY

1. This order is issued in accordance with the appropriate NHS Terms & conditions of contract a copy of which can be obtained from Procurement Dept., Tel 01634 833700
2. Delivery notes must accompany all deliveries of goods, quoting official order number.
3. No variation to this order without written authority any alteration in quantity, price or specification must be agreed in writing before the goods are supplied.
4. Carriage charges: Unless specified below, goods and services will be provided carriage paid.
5. COSHH 1998 Regulations: The Supplier must provide detailed Product Composition Data / Health and Safety for items that could be hazardous to health.
6. NHS Payment Terms: Net Monthly
7. All invoices must quote official order number and be rendered as directed.

Supplier Item Ref / Contract	Quantity and Unit	Description	Unit Price	Value	Discount %	Delivery Required
	2	EyeMax 2 Neonatal Phototherapy Mask - Regular	55.30	110.60	0	
	1	delivery	10.00	10.00	0	
GOODS WILL NOT BE ACCEPTED UNLESS OUR ORDER NUMBER IS INDICATED ON THE DELIVERY NOTE, WHICH MUST BE INCLUDED ON THE OUTER PACKAGING			Nett Value	120.60		
			VAT Value	24.12		
			Total Value	144.72		