

Deliver To :

Receipt & Distribution Unit
(Deliveries 8.00am - 4.00pm)
Nottingham University Hospital
Queens Medical Centre Campus
Derby Road
NG7 2UH
UK
Delivery instructions
Requested delivery date: 19-09-2024

Invoice and Payment Enquiries To

Accounts Payable Section
Nottingham University Hospital
City Hospital Campus
Hucknall Road
Nottingham
NG5 1PB
UK

All enquiries regarding this order to:

Contact : David Beales x79905
Telephone : 0115 9691169 Ext 79905
Facsimile No. : 0115 962 7625
Email Address : procurementbuyingteam@nuh.nhs.uk

Supplier

Viamed Ltd

Requisition Point:
265007

Conditions

This order is subject to the Terms and Conditions of contract as agreed under the respective contract code quoted on the order. In the event of no formal contract reference then the NHS Terms and Conditions for the Provision of Goods/Services (purchase order version) 2018 will apply.

No Carriage Payment will be made unless previously agreed and included as a line on this PO and all invoice must have a PO number in order for payment to be made.

This organisation participates in the Cabinet Office's National Fraud Initiative: a data matching exercise to assist in the prevention and detection of fraud. Supplier data may be provided to bodies responsible for auditing, administering public funds.

Line	Goods or Services Required	Quantity	UOM	Contract Ref.	Unit Price	Line Value	VAT
1	1114005 Each INFANT EYE MASK REGULAR REF R00P01 X 2	2			£48.50	£97.00	£19.40
2	CARRIAGE CHARGE	1			£10.00	£10.00	£2.00

Net Total : **£107.00**
Carriage : **£0.00**
Tax : **£21.40**
Total : **£128.40**