

**Official Purchase Order**

**Order Number : 444101670**

**Order Date : 22 Oct 2024**

**All goods MUST be delivered to the address stated within the purchase order and MUST be signed for at the time of delivery, failure to get a signature will result in a credit being requested if a delivery goes missing.**

**We will not be liable for missing items that have not been signed for.**

**Any deliveries to Kings Mill Hospital Goods Receipt Point - use the entrance off the A6075 at all times. Opening Times are 08:00 to 16:00 Monday to Friday.**

**INVOICES must be sent to the ACCOUNTS PAYABLE DEPT.**

Supplier Details:		02428 VIAMED LTD 15 STATION ROAD CROSS HILLS KEIGHLEY W. YORKS BD20 7DT					
Telephone No.:		01535 634542					
Deliver To:		GOODS RECEIPT POINT KINGS MILL HOSPITAL MANSFIELD ROAD SUTTON IN ASHFIELD NOTTS NG17 4JL					
Invoice To:		FINANCE DEPARTMENT KINGS MILL HOSPITAL MANSFIELD ROAD SUTTON IN ASHFIELD NOTTS NG17 4JL					
In case of Query please contact:		WEB BUYER 01623 622515 EXT 4242					
Requisition Point Description:		NEONATAL INTENSIVE CARE UNIT					
Paper / Web Ref:							
Requisition Number:		000192598					
Line	Product Details	Order			Deliver By	Contract	
No.		Quantity	Price Excl VAT	Value Excl VAT		Reference	For Trust Internal Use
001	1114005.VIAMED EYEMAX 2 NEONATAL PHOTOTHERAPY MASK - REGULAR BOX OF 20	2	55.30	110.60	24 Oct 2024	PUR485/0003	WP06283240300
002	1114006.VIAMED EYEMAX 2 NEONATAL PHOTOTHERAPY MASK - PREMIE BOX OF 20	1	55.30	55.30	24 Oct 2024	PUR485/0002	WP06283240300
				<b>165.90</b>			

**Terms and Conditions**

All orders are placed against NHS Terms and Conditions. To view a copy, please use the above link to visit the DoH website.