PURCHASE ORDER: MM24860
Please quote order number on all correspondence

NHS
Northern Lincolnshire
and Goole
NHS Foundation Trust

SUPPLIER:

VIAMED LTD
15 STATION ROAD
CROSS HILLS
BD20 7DT

INVOICE TO:

NORTHERN LINCOLNSHIRE AND GOOLE NHS TRUST
C/O ELFS Business Services
PO Box 4418, Unit 2
Swindon, SN4 4RW
Email: elfs.208NLAG@cloud-trade.com

DELIVER TO:

DPOW RECEIPT AND DISTRIBUTION
Diana Princess of Wales Hospital
Scartho Road
Grimsby
DN33 2BA

VAT Regn No : GB 654 9775 80

Enquiries via email or telephone
Email : nlg-tr.Purchasing@nhs.net / 03033 306757

Vendor Number: 1975
Date: 22/10/24
Requisition Number:

LINE NO	ITEM REF	DESCRIPTION	DELIVERY	QUANTITY	UNIT OF ISSUE	UNIT PRICE	LINE VALUE
1	1114006	1114006 - EYEMAX 2 NEONATAL MASK PREEMIE-PK/20	23/10/24	1.00	PACK	55.30	55.30

VAT Excl:	55.30
Total VAT	11.06
Order Total	**66.36**

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 (MM24860). Goods will only be accepted between 08:00 and 16:00 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**.