Amended Purchase Order 250014838



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

Fedroy Gray 01634 833700

ORDER DETAILS

 Order Number
 250014838

 Order Page
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 Order Date
 05/02/2025

Requisition Point 791420 - NEO-NATAL UNIT (NICU)

Requisition Number 100122538

Requisitioner Gemma Heale x5125

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.

422.64

- 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

Total Value

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
	1	Delivery charge	12.00	12.00	0	
	3	EyeMax 2 Neonatal Phototherapy Masks 1114005	56.70	170.10	0	
	3	EyeMax 2 Neonatal Phototherapy Masks 1114006	56.70	170.10	0	
			Nett Value	050.00		
GOODS WILL NOT BE ACCEPTED UNLESS OUR ORDER NUMBER IS INDICATED ON THE DELIVERY NOTE, WHICH MUST BE INCLUDI ON THE OUTER PACKAGING				352.20 70.44		