PURCHASE ORDER: MM28920 Please quote order number on all correspondence



SUPPLIER:

VIAMED LTD 15 STATION ROAD CROSS HILLS BD20 7DT INVOICE TO:

NORTHERN LINCOLNSHIRE AND GOOLE NHS TRUST

C/O ELFS Business Services Viscount House, Arkwright Court Commercial Rd, Darwen, BB3 0FG Email: 208.nlag@elfsap.co.uk DELIVER TO:

VAT Regn No : GB 654 9775 80

DPOW RECEIPT AND DISTRIBUTION

Diana Princess of Wales Hospital

Scartho Road Grimsby

DN33 2BA

Enquiries via email or telephone

Email: nlg-tr.Purchasing@nhs.net / 03033 306757

Vendor Number: Date: 1975 15/04/25

Requisition Number:

LINE NO	ITEM REF	DESCRIPTION	DELIVERY	QUANTITY	UNIT OF ISSUE	UNIT PRICE	LINE VALUE
1	1114005	1114005 - EYEMAX 2 NEONATAL MASK REG-PK20 1114005 - EYEMAX 2 NEONATAL MASK REG-PK20	16/04/25	1.00	PACK	56.70	56.70
	DITIONS OF ORDER						
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):					VAT Excl:	56.70	
- 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 tirems 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 (MM2Seq). Goods will only be accepted between 08:00 and 16:00 Monday to Friday.						Total VAT Order Total	11.34
3. The 4. Any 5. Invo	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 show, must be notified immediately otherwise delays can occur in the settlement of your Invoices. 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 PEPDO.						68.04