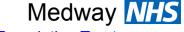
Purchase Order 260001116



NHS Foundation Trust

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

Order Enquiries - Procurement

Procurement Department 01634 833700

Medwayft.Procurement.Services@nhs.net

Invoice Enquiries - Finance

Medwayft.paymentsteam@nhs.net

Accounts Payable: (01634) 976402 / 976211 / 976349

If any details on this PO are incorrect please reject the **Purchase Order and contact Procurement Services on the** email provided.

ORDER DETAILS

THE OUTER PACKAGING.

PROCUREMENT SERVICES ON THE EMAIL PROVIDED

Order Number 260001116 Order Page 1 of 1 Order Date 24/04/2025

Requisition Point 791420 - NEO-NATAL UNIT (NICU)

Requisition Number 100126000

Requisitioner Gemma Heale x5125 INVOICE TO

FINANCE DEPARTMENT

RESIDENCE 13A

MEDWAY MARITIME HOSPITAL WINDMILL ROAD GILLINGHAM

KENT ME7 5NY

IF ANY DETAILS ON THIS PO ARE INCORRECT, PLEASE REJECT THE PURCHASE ORDER AND CONTAC

Where possible all Invoices and Credit notes should be

emailed to: Medwayft.Invoices@nhs.net

- 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.

68.76

412.56

- 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

VAT Value

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
1114005 MEDGHXDEF	3	EyeMax 2 Neonatal Phototherapy Mask - Regular REGULAR phototherapy mask pack of 20 1114005 R300P01	55.30	165.90	0	
1114006 MEDGHXDEF	3	EyeMax 2 Neonatal Phototherapy Mask - Preemie PREEMIE phototherapy mask pack of 20 1114006 R300P02	55.30	165.90	0	
	1	Delivery charge	12.00	12.00	0	
GOODS WILL NOT BE ACCEPTED UNLESS OUR ORDER NUMBER IS INDICATED ON THE DELIVERY NOTE, WHICH MUST BE INCLUDED				343.80		