


<b>Deliver to/Execute Work at:</b>				<b>Invoice/Payment Queries to</b>									
PROCUREMENT DEPARTMENT THE DUDLEY GROUP NHS FT RUSSELLS HALL HOSPITAL DUDLEY  DY1 2HQ				THE DUDLEY GROUP NHS FT FINANCE DEPARTMENT TRUST HEADQUARTERS RUSSELLS HALL HOSPITAL DUDLEY WEST MIDS DY1 2HQ EMAIL DGFT.PAYMENTS@NHS.NET									
<b>Supplier Name &amp; Address:</b>				<b>Official Order no</b>									
VIAMED 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE  BD20 7DT				<b>Order date</b> 08/05/2025									
				<b>Fax to:</b> 01535 635582									
				<b>Unit Price exc Discount &amp; VAT</b>				<b>Discount Amount</b>		<b>Value excl VAT</b>			
<b>Line No</b>	<b>Order Qty</b>	<b>Unit Of Purchase</b>	<b>NSV Code</b>	<b>Description</b>									
001	1.00			PRODUCT CODE: 1114005/6/7 DECIPTION: Viamed Bilirubin Eye Mask, Blue . UNIT OF ISSUE: EACH QTY: 1 PACK OF 20 . NO CARRIAGE CHARGE . ON DELIVER FAO: HAYLEY REED NEO NATAL UNIT EAST WING 2ND FLR CARRIAGE CHARGE				56.70		0		56.70	
002	1.00			. ON DELIVER FAO: HAYLEY REED NEO NATAL UNIT EAST WING 2ND FLR CARRIAGE CHARGE .				8.00		0		8.00	

Conditions of Order

1. This Purchase Order is placed with your organisation subject to the application of our terms and conditions as referred to in the Department of Health's "Applicable Contract Terms Policy". Copies available at: <https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services>
2. Payment terms are 30 days from the receipt of an invoice. Providing the goods or services listed on this purchase order will be considered acceptance of these terms.
3. The above Official Order Number must be quoted on all advice notes, delivery notes, invoices, acknowledgements, correspondence etc.
4. Goods will be received between 08.00am and 15.45pm Monday to Friday except Bank Holidays.
5. All invoices must be sent to the address indicated above and any invoices not quoting the Official Order Number will be returned to the Supplier.
6. Suppliers should adhere to our Supplier Code of Conduct (available on our website).

Signed:.....  
ON BEHALF OF:  
THE DUDLEY GROUP NHS FOUNDATION TRUST

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Supplier Name & Address:				All enquiries/correspondence concerning this order to:		Official Order no		170008016	
VIAMED 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE  BD20 7DT				SANDRA MASIH 01384 244614		Order date		08/05/2025	
						Fax to:		01535 635582	
Line No	Order Qty	Unit Of Purchase	NSV Code	Description		Unit Price exc Discount & VAT	Discount Amount	Value excl VAT	
Total Order Value							64.70		

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