

**Order Type:** NORMAL ORDER  
**Order Number:** 300095965  
**Order Date:** 17/07/2025

PLEASE QUOTE THE PURCHASE ORDER NUMBER  
 ON ALL CORRESPONDENCE  
 PLEASE CLICK HERE TO ACKNOWLEDGE RECEIPT

**Order Info:**

Requesting Department:  
 WALNUT SCBU (GD1461)  
 - Level 3, Junction 11 -  
 Order Requested By: Michele Wright  
 Procurement Contact: Emily Toms  
 07830357504  
 PAQ Reference:  
 URN Reference:  
 General Info:

**Supplier:**

VIAMED LTD  
 15 STATION ROAD CROSS HILLS  
 KEIGHLEY  
 WEST YORKSHIRE  
 BD20 7DT  
 Tel No: 01535 634 542

**DELIVER TO:**

Darent Valley Hospital - Goods Inward  
 Darent Valley Hospital  
 Darenth Wood Road  
 Dartford  
 Kent  
 DA2 8DA  
 Tel: 01322 428214  
 OPENING TIMES: 08:00 to 14:00

**Billing:**

Dartford & Gravesham NHS Trust  
 Darenth Wood Road  
 Dartford  
 Kent  
 DA2 8DA  
**INVOICES MUST BE SENT TO:**  
[dgt.accountspayable@nhs.net](mailto:dgt.accountspayable@nhs.net)  
 General Invoice Enquiries to:  
 Anne Donovan - (07830) 341292

Line No	Item ref	Description	UOM	QOM	Quote / Contract Ref:	Quantity Required	Unit Price	Line Value
001		x8 packs 10 neomasks neonatal photothera py masks type 111 medium REF 1114016			email quote	8.00	46.00	368.00
002		x8 neomasks neonatal phototherapy masks type 111 large REF 1114015			email quote	8.00	46.00	368.00
003		carriage for above			email quote	1.00	12.00	12.00

**Conditions of Order**

1. Unless specified otherwise, this order is subject to the appropriate NHS Conditions of Contract which will be advised by the Trust on Application or by visiting <https://www.england.nhs.uk/nhs-terms-and-conditions-for-the-procurement-of-non-clinical-goods-and-services/>

2. All goods must be accompanied by a delivery note quoting the above Purchase Order Number.

3. The above order number must be quoted on all advice notes, delivery notes, correspondence, invoices, acknowledgements, etc.

4. **Goods will be received only between 08.00 and 14.00 Monday to Friday.**

5. It is a condition of this order that the property and risk of the goods shall lie with the supplier until the goods have been accepted at the specified delivery address as per the contract conditions.

6. Invoices must be sent to the address indicated above/below and must quote the above Purchase Order Number. Invoices not complying with this instruction will be returned to the supplier in accordance with the Trusts 'No Purchase Order, No Pay' policy.

**VAT Excl :** 748.00  
**Total VAT:** 149.60  
**Order Total :** 897.60