

PURCHASE ORDER

Supplier Viamed 15 Station Road Cross Hills Keighley BD20 7DT	Delivery Address Neonatal Unit (CWH) Centre For Child & Women's Health RD&E Hospital (Wonford) Barrack Road Exeter Devon EX2 5DW	Invoice Address Invoices should be sent to: royaldevon.invoices@proactiscapture.com (See notes below for invoice postal address)	Enquiries Purchase Order enquiries should be sent to: rduh.procurement@nhs.net Invoice enquiries should be sent to: rduh.apinvoices@nhs.net
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Order No: 30180010
Order Date: 27/08/2025
Supplier ID: 108268

Delivery Date: 01/09/2025
Terms: Net 30 days
Your Reference:

Product ID	Description	Contract Ref	QTY	UOM	Unit Price	Total Price in GBP	VAT
1114006	1114006 BABY EYE MAX 2 PHOTOTHERAPY MASKS SIZE PREMIE ORANGE VIAMED PACK 20		1	PACK 20	56.70	56.70	11.34
78121603	Text based delivery charge is applied for Viamed (108268) (TRUST) catalogue items		1	□	10.00	10.00	2.00

Subtotal	GBP	66.70
Total VAT	GBP	13.34
Total	GBP	80.04

NOTES

1. This order is subject to the NHS Terms and Conditions for the Supply of Goods and the Provision of Services (Purchase Order Version) January 2018. A copy can be accessed at <https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services>
2. Our invoice address is Royal Devon University Healthcare NHS Foundation Trust, Cash Management, Gladstone House, Gladstone Road, Heavitree, Exeter EX1 2ED
3. An advice of despatch must be sent separately to the consignee and the goods must be accompanied by a delivery note.
4. The above order number must be quoted on all advice notes, delivery notes, invoices, correspondence, acknowledgements etc. Each order should have a separate delivery note.
5. Goods will be received only between 08:00 to 16:00 hrs. Monday to Friday.
6. Any alterations in quantity or price must be agreed in writing – rduh.procurement@nhs.net
7. No additions to this order are to be supplied or executed without written confirmation.