

**Deliver To :**

**RECEIPTS & DISTRIBUTION CENTRE - STORES  
BUILDING 2 RWT - NEW CROSS HOSPITAL  
WOLVERHAMPTON ROAD  
WOLVERHAMPTON  
WV10 0QP**

Requested delivery date: 16-09-2025

**Invoice and Payment Enquiries To**

THE ROYAL WOLVERHAMPTON HOSPITALS NHS  
TRUST  
  
CORPORATE SERVICES CENTRE  
NEW CROSS HOSPITAL, WOLVERHAMPTON ROAD  
WOLVERHAMPTON  
WV10 0QP

All enquiries regarding this order to:

Contact : matman

Telephone :

Facsimile No. :

Email Address : rwh-tr.MaterialsManagement@nhs.net

**Supplier**

**Viamed Ltd**

Requisition Point Name/Desc:  
NEONATAL UNIT NEW CROSS

**Conditions**

1. This order is placed subject to the relevant NHS Terms and Conditions as detailed below:  
(<https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services>)
    - a) Where a valid agreement exists for the items listed below the following NHS Terms and Conditions shall prevail (as applicable):- 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 items listed below 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.
  3. The above order number must be quoted on all advice notes, delivery notes, correspondence, invoices, acknowledgements etc.
  4. Goods will be received as follows:- RWT between 08.00 and 16.00 Monday to Friday. Cannock Chase Hospital (CCH) between 07:45 and 15:45 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 via email to: [rwh-tr.creditorpayments@nhs.net](mailto:rwh-tr.creditorpayments@nhs.net), and quote the above Purchase Order Number.
- INVOICES NOT COMPLYING WITH THIS INSTRUCTION WILL BE RETURNED TO THE SUPPLIER.

\_\_\_\_ VAT Registration No: GB 654 947 886 \_\_\_\_\_ EORI Code: GB 654 947 886 000 \_\_\_\_\_

Order Date : 16-09-2025

Order No : MM120930

Must be quoted on all correspondence.

| Line | Goods or Services Required                              | Quantity | UOM | Contract Ref. | Unit Price | Line Value | VAT    |
|------|---------------------------------------------------------|----------|-----|---------------|------------|------------|--------|
| Line | Goods or Services Required                              | Quantity | UOM | Contract Ref. | Unit Price | Line Value | VAT    |
| 1    | 1114005<br>1114005 - EYEMAX 2 PHOTOTHERAPY MASK REGULAR | 1.00     | P20 |               | £56.70     | £56.70     | £11.34 |
| 2    | 1114006<br>1114006 - EYEMAX 2 PHOTOTHERAPY MASK PREMIUM | 1.00     | P20 |               | £56.70     | £56.70     | £11.34 |

|             |         |
|-------------|---------|
| Net Total : | £113.40 |
| Carriage :  | -       |
| Tax :       | £22.68  |
| Total :     | £136.08 |