



Invoices without a valid purchase order number will be returned

SUPPLIER

Viamed Ltd
15 Station Road
Cross Hills
Keighley
West Yorkshire
BD20 7DT

Terms and Conditions of Purchase:

1. All goods must be delivered with a delivery note quoting the purchase order number.

2. We reserve the right to return invoices that do not quote the purchase order number, which may significantly delay payment.

3. [This purchase order is in accordance with terms and conditions of purchase of the Department of Health.](#)

4. Any supplementary terms and conditions as per the stated contract reference.

DELIVER TO / EXECUTE WORK AT:

Stores Central Receipt Point
Rotherham General Hospital
Moorgate Road
Rotherham
South Yorkshire
S60 2UD

*OPENING TIMES 7.00am-2.00pm Mon to Fri only

48hrs notice is required for delivery of bulky items ie furniture, equipment (01709 427199)

INVOICE ADDRESS AND PAYMENT ENQUIRIES TO:

Email: rgh-tr.accountspayable@nhs.net

Financial Services
C/O Woodside
Rotherham NHS Foundation Trust
Moorgate Road
Rotherham
South Yorkshire
S60 2UD

ENQUIRIES: Joanne Lyne
TEL NO: 01709 820000
E-MAIL: joanne.lyne1@nhs.net

WARD/DEPARTMENT: 6C7052 Childrens Ward 2 (Ex A12)
ORIGINAL REQ NO: 1152362
REFERENCE:

| Line No | Product Code | Description | Qty | Pack Size | VAT % | Unit Net £ Price ex VAT | Total Line £ Price ex VAT |
|---------|--------------|---|-----|-----------|-------|-------------------------|---------------------------|
| 1 | 5532/1114005 | 1114005 - EyeMax 2 Neonatal Phototherapy Mask - Regular | 1 | 1 | 20% | 56.70 | 56.70 |
| | | Stk Ref: 1114005 Contr: Last 24 Months Purchases | | | | | |
| 2 | 5532/1114006 | 1114006 EyeMax 2 Neonatal Phototherapy Mask - Premie | 1 | 20 | 20% | 56.70 | 56.70 |
| | | Stk Ref: 1114006 Contr: Last 24 Months Purchases | | | | | |

Authorising Officer for and on behalf of the Authority

Head of Procurement

| | |
|-------------------|--------|
| Total | 113.40 |
| VAT | 22.68 |
| Total Order Value | 136.08 |