Deliver to/Execute Work at:	Invoice/Payment Queries to
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

The Dudley Group NHS Foundation Trust

Supplier Name & Address:	All enquiries/correspondence concerning this order to:
VIAMED 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE BD20 7DT	TITI BAJULAIYE 01384244173

Official Order no **240023895**

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Order date **03/10/2025**

Fax to: **01535 635582**

Line No	Order Qty	Unit Of Purchase	NSV Code	Description	Unit Price exc Discount & VAT	Discount Amount	Value excl VAT
001	2.00			PRODUCT CODE: R300PO2 . BILIRUBIN EYE MASK ORANGE . UNIT OF ISSUE: 20	56.70	0	113.40
002	1.00			CARRAIGE CHARGE . ALL AS PER PHONE QUOTATION FROM RYAN SWAIN ON 03.10.2025 .	10.00	0	10.00
				Total Order Value			**123.40**

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