

# PURCHASE ORDER

|                                                                                     |                                                                                                                                                      |                                                                                                                                                      |                                                                                                                                                                    |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Supplier</b><br>Viamed<br>15 Station Road<br>Cross Hills<br>Keighley<br>BD20 7DT | <b>Delivery Address</b><br>(Maternity Unit)<br>Logistics Department, Unit A<br>Kestrel Way<br>Sowton Industrial Estate<br>Exeter<br>Devon<br>EX2 7LA | <b>Invoice Address</b><br>Invoices should be sent to:<br>royaldevon.invoices@proactiscapture.com<br><br>(See notes below for invoice postal address) | <b>Enquiries</b><br>Purchase Order enquiries should be sent to:<br>rduh.procurement@nhs.net<br><br>Invoice enquiries should be sent to:<br>rduh.apinvoices@nhs.net |
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**Order No:** 30190321  
**Order Date:** 15/10/2025  
**Supplier ID:** 108268

**Delivery Date:** 20/10/2025  
**Terms:** Net 30 days  
**Your Reference:**

| Product ID | Description                                                                       | Contract Ref | QTY | UOM     | Unit Price | Total Price in GBP | VAT   |
|------------|-----------------------------------------------------------------------------------|--------------|-----|---------|------------|--------------------|-------|
| 1114005    | 1114005 BABY EYE MAX 2 PHOTOTHERAPY MASKS SIZE REGULAR BLUE VIAMED PACK 20        |              | 3   | PACK 20 | 56.70      | 170.10             | 34.02 |
| 78121603   | Text based delivery charge is applied for Viamed (108268) (TRUST) catalogue items |              | 1   | ⌘       | 10.00      | 10.00              | 2.00  |

|              |            |        |
|--------------|------------|--------|
| Subtotal     | <b>GBP</b> | 180.10 |
| Total VAT    | <b>GBP</b> | 36.02  |
| <b>Total</b> | <b>GBP</b> | 216.12 |

## NOTES

- 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>
- Our invoice address is Royal Devon University Healthcare NHS Foundation Trust, Cash Management, Gladstone House, Gladstone Road, Heavitree, Exeter EX1 2ED
- An advice of despatch must be sent separately to the consignee and the goods must be accompanied by a delivery note.
- 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.
- Goods will be received only between 08:00 to 16:00 hrs. Monday to Friday.
- Any alterations in quantity or price must be agreed in writing – [rduh.procurement@nhs.net](mailto:rduh.procurement@nhs.net)
- No additions to this order are to be supplied or executed without written confirmation.