

PURCHASE ORDER: RWA274190
Please quote order number on all correspondence

Hull University Teaching Hospitals

NHS Trust

SUPPLIER:

VIAMED LTD
15 STATION ROAD
CROSS HILLS
BD20 7DT

INVOICE TO:

HULL UNIVERSITY TEACHING HOSPITALS
C/O ELFS Business Services
Viscount House, Arkwright Court
Commercial Rd, Darwen, BB3 0FG
Email: 356.huth@elfsap.co.uk

DELIVER TO:

VAT Regn No : GB 654 9722 04

HUTH GOODS INWARD HRI
HULL ROYAL INFIRMARY
FOUNTAIN STREET
ANLABY ROAD
HULL
HU3 2JZ

Enquiries via email or Tel : 01482 608783

Email : hyp-tr.cs.supplies@nhs.net

Vendor Number: 1975
Date: 09/12/25
Requisition Number: R294180

| LINE NO | ITEM REF | DESCRIPTION | DELIVERY | QUANTITY | UNIT OF ISSUE | UNIT PRICE | LINE VALUE |
|--|----------|---|----------|----------|---------------|--------------------|------------|
| 1 | 1114006 | 1114006 MASK PHOTOTHERAPY PREMIE ORANGE MAXTEC EYEMAX2 BOX OF 20 | 12/12/25 | 1.00 | BOX | 56.70 | 56.70 |
| CONDITIONS OF ORDER <small>1. This order is placed subject to the relevant NHS Terms and Conditions as detailed below - a) Where a valid agreement exists for the items listed above 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 above 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 (RWA274190). Goods will only be accepted between 08:00 and 15:00 Monday to Friday. 3. The above order number must be quoted on all advice notes, delivery notes, correspondence, invoices, acknowledgements etc. 4. Any price variances to that shown above, must be notified immediately otherwise delays can occur in the settlement of your invoice. 5. Invoices must be sent to the address above/below and must quote the above Purchase Order Number. Invoices not complying with this instruction will be returned to the supplier. 6. Please submit your invoice via PEPOL.</small> | | | | | | VAT Excl: | 56.70 |
| | | | | | | Total VAT | 11.34 |
| | | | | | | Order Total | 68.04 |