

Amended Purchase Order 270001168

SUPPLIER - 001106
VIAMED
15 STATION ROAD
CROSS HILLS
KEIGHLEY
WEST YORKS

BD20 7DT

Tel: 01535634542
Fax:

DELIVER TO
HOSPITAL MAIN STORE
MAIN STORES (PROCUREMENT)
MEDWAY MARITIME HOSPITAL
WINDMILL ROAD GILLINGHAM
KENT
ME7 5NY

Delivery Times
8:00 a.m. to 4:00 p.m. Monday to Friday

Invoice Enquiries
Accounts Payable Dept
Tel: 01634 833842 Fax: 01634 817367

Order Enquiries
Matt Frankling 01634 833700

ORDER DETAILS
Order Number 270001168
Order Page 1 of 1
Order Date 11/05/2026

Requisition Point 791420 - NEO-NATAL UNIT (NICU)
Requisition Number 100141290
Requisitioner Gemma Heale x5125

INVOICE TO
FINANCE DEPARTMENT
RESIDENCE 13A
MEDWAY MARITIME HOSPITAL
WINDMILL ROAD GILLINGHAM
KENT
ME7 5NY

1. This order is issued in accordance with the appropriate NHS Terms & conditions of contract a copy of which can be obtained from Procurement Dept., Tel 01634 833700
2. Delivery notes must accompany all deliveries of goods, quoting official order number.
3. No variation to this order without written authority any alteration in quantity, price or specification must be agreed in writing before the goods are supplied.
4. Carriage charges: Unless specified below, goods and services will be provided carriage paid.
5. COSHH 1998 Regulations: The Supplier must provide detailed Product Composition Data / Health and Safety for items that could be hazardous to health.
6. NHS Payment Terms: Net Monthly
7. All invoices must quote official order number and be rendered as directed.

Supplier Item Ref / Contract	Quantity and Unit	Description	Unit Price	Value	Discount %	Delivery Required
	3	Eyemax 2 ORANGE PREEMIE Phototherapy mask pack of 20 1114006	58.90	176.70	0	
	3	R300P02 Eyemax 2 BLUE REGULAR Phototherapy mask pack of 20 1114005	58.90	176.70	0	
	1	R300P01 Delivery charge	12.00	12.00	0	

GOODS WILL NOT BE ACCEPTED UNLESS OUR ORDER NUMBER IS INDICATED ON THE DELIVERY NOTE, WHICH MUST BE INCLUDED ON THE OUTER PACKAGING

Nett Value	365.40
VAT Value	73.08
Total Value	438.48