

PURCHASE ORDER: RWA286531
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: 08/06/26
Requisition Number: R315895

| 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 | 11/06/26 | 1.00 | BOX | 56.70 | 56.70 |
| 2 | 1114007 | 1114007 MASK PHOTOTHERAPY MICRO GREEN MAXTEC EYEMAX2 BOX OF 20 | 11/06/26 | 1.00 | BOX | 56.70 | 56.70 |

CONDITIONS OF ORDER

- This order is placed subject to the relevant NHS Terms and Conditions as detailed below -
 - 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).
 - 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).
- All goods must be accompanied by a delivery note quoting the above Purchase Order Number (RWA286531). Goods will only be accepted between 08:00 and 15:00 Monday to Friday.
- The above order number must be quoted on all advice notes, delivery notes, correspondence, invoices, acknowledgements etc.
- Any price variances to that shown above, must be notified immediately otherwise delays can occur in the settlement of your invoice.
- 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.
- Please submit your invoice via PEPPOL.

| | |
|--------------------|---------------|
| VAT Excl: | 113.40 |
| Total VAT | 22.68 |
| Order Total | 136.08 |