

COPY 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	58.90	58.90
2	1114007	1114007 MASK PHOTOTHERAPY MICRO GREEN MAXTEC EYEMAX2 BOX OF 20	11/06/26	1.00	BOX	58.90	58.90

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:	117.80
Total VAT	23.56
Order Total	141.36

IF THIS PRICE IS INCORRECT, PLEASE EMAIL hyp-tr.cs.supplies@nhs.net WITH DETAILS OF CORRECT PRICING TO ENABLE US TO RECTIFY THIS BEFORE YOU INVOICE, THIS WILL AVOID DELAYS IN PAYMENT**