

Main Account <viamedinbox@gmail.com>

Purchase Order: 005141909

1 message

rwt.financeandprocurement@nhs.net <rwt.financeandprocurement@nhs.net>

11 February 2020 at 11:34

To: sales@viamed.co.uk

Cc: j.hodgkiss@nhs.net, rwh-tr.materialsmanagement@nhs.net, wayne.waterworth@nhs.net

The Royal Wolverhampton NHS Trust

Transmission Date:

11-FEB-2020 Purchase Order - 005141909 Order Date - 11-Feb-2020

11:34:23

Supplier: **VIAMED** 15 STATION ROAD **CROSS HILLS KEIGHLEY** WEST YORKSHIRE

BD20 7DT

Delivery To: **RECEIPTS &** DISTRIBUTION CENTRE **BUILDING 2 RWT NEW CROSS HOSPITAL**

WOLVERHAMPTON

WV10 0QP

Conditions of Order

- 1. Unless otherwise specified as an order placed under an existing contract, this purchase order is placed subject to the application of the NHS Terms and Conditions for the Provision of Goods/Services (purchase order version) August 2013, which shall form the T and Cs of contract WOLVERHAMPTON ROAD under which any services referred to in this purchase order are to be provided to us. Copies available from the DoH website:- https://www.gov.uk/government/ publications/nhs-standard-terms-and-conditions-ofcontract-for-the-purchase-of-goods-and-supply-of-
 - 2. All goods must be accompanied by a delivery note quoting the above Purchase Order Number.
 - 3. The above order number must be quoted on all advice notes, delivery notes, correspondence, invoices, acknowledgements etc.
 - 4. Goods will be received as follows:- RWT between 08.00 and 16.00 Monday to Friday. Cannock Chase Hospital (CCH) between 07:45 and 15:45 Monday to Friday.
 - 5. It is a condition of this order that the property and risk of the goods shall lie with the supplier until the goods have been accepted at the specified delivery address as per the contract conditions.
 - 6. Invoices must be sent to the address indicated below and MUST quote the above Purchase Order Number. INVOICES NOT COMPLYING WITH THIS INSTRUCTION WILL BE RETURNED TO THE SUPPLIER.

Telephone No.: 01535 634 Notes to Supplier:

542

Fax No.: 01535 635 582

Line Supplie No Item Code	r Contract Ref	Contract Type	t Description of Goods or Services	Unit Of Purchase Quantity	Unit Of Purchase Price (Exc VAT)	Line Deliver Total By Date (Exc VAT)
001 111400	5 RWH/CON	/	Eyemax 2 Phototherapy Mask Regular	1.00	42.50	42.50 17-Feb- 2020
002 1114006	RWH/CON	l	Eyemax 2 Phototherapy Mask Premium	1.00	40.75	40.75 17-Feb- 2020
Total Order Value (Excl VAT) GBP						83.25

Invoice To: No Deliveries Please ACCOUNTS PAYABLE (Building 12) CORPORATE SERVICES CENTRE

General Order Enquiries to: Materials Management

(01902 307999): Ext: 8045

Pricing Enquiries to: Procurement Department -

2/11/2020

Gmail - Purchase Order: 005141909

Automated Buyer: 01902 695487

Req Point Code: : W10411

Req Point Name: : TRANSITIONAL CARE UNIT

RWT - NEW CROSS HOSPITAL WOLVERHAMPTON ROAD WOLVERHAMPTON WV10 0QP

EMAIL: rwh-tr.CreditorPayments@nhs.net

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Purchase Order.

Please view the attachment for details.

*** Integra Workflow

*** [XML001]

*** Purchase Order

