

Order Date : 03-03-2020

Order No : **200727799**

Must be quoted on all correspondence.

Deliver To :

Receipt & Distribution Unit
Receipt & Distribution Unit
(Deliveries 8.00am - 4.00pm)
Nottingham University Hospital
Queens Medical Centre Campus
Derby Road
NG7 2UH
UK

Delivery instructions

Requested delivery date: 05-03-2020

Invoice and Payment Enquiries To

Accounts Payable Section
Accounts Payable Section
Nottingham University Hospital
City Hospital Campus
Hucknall Road
Nottingham
NG5 1PB
UK

All enquiries regarding this order to:

Contact : Scott Butler ext 57712
Telephone : 0115 9691169 Ext 57712
Facsimile No. : 0115 962 7625
Email Address : scott.butler@nuh.nhs.uk

Supplier

Viamed Ltd

Requisition Point:
265010

Conditions

This order is subject to the Terms and Conditions of contract as agreed under the respective contract code quoted on the order. In the event of no formal contract reference then the standard Nottingham University Hospitals Trust (NUH) conditions of contract apply.

No Carriage Payment will be made unless previously agreed and included as a line on this PO.

We participate in the Cabinet Office's National Fraud Initiative. Supplier data may be provided to bodies responsible for auditing, administering public funds and for the purposes of preventing and detecting fraud. The use of data is carried out with statutory authority under Part 6 of the Local Audit and Accountability Act 2014.

Line	Goods or Services Required	Quantity	UOM	Contract Ref.	Unit Price	Line Value	VAT
1	1114006 Pack of 20 EYEMAX REG	1			£40.75	£40.75	£8.15

Net Total : **£40.75**
Carriage : **£0.00**
Tax : **£8.15**
Total : **£48.90**