

Sarah Walton <viamed.sarah.walton@gmail.com>

Fwd: Purchase Order AMENDMENT [ORDNO="005143472"]

1 message

Main Account <office@viamed.co.uk>

To: Sarah Walton <sarah.walton@viamed.co.uk>

20 March 2020 at 15:41

----- Forwarded message ------

From: <rwt.financeandprocurement@nhs.net>

Date: Fri. 20 Mar 2020 at 15:36

Subject: Purchase Order AMENDMENT [ORDNO="005143472"]

To: <sales@viamed.co.uk>

The Royal Wolverhampton NHS Trust

Transmission Date:

20-MAR-2020 Purchase Order - 005143472 Order Date - 19-Mar-2020

15:36:35

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 guote 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 Supplier Contract Unit Of Unit Of Line Deliver No Item Contract Ref Type Description of Purchase Quantity Purchase Total By Code Goods or Services Price (Exc Date

(Exc VAT)

VAT)

001 Extra Flow 60.00 600.00 23-RWT/NONCONTRACT/ 01: Non 10.00

Sensors Mar-Contract

2020

Total Order Value (Exc VAT) GBP

600.00

Invoice To: FINANCE DEPT, CLIN SKILLS Corporate Services Centre BUILDING 12 (G) **RWT NEW CROSS HOSPITAL WOLVERHAMPTON ROAD** WOLVERHAMPTON WV10 0QP

General Order Enquiries to: Materials Management

(01902 307999): Ext: 8045

Pricing Enquiries to: Procurement Department -

Automated Buyer: 01902 695487

Req Point Code: : W10020

Reg Point Name: : INTEGRATED CRITICAL CARE

UNIT H&L CENTRE

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rwh-tr.finance@nhs.net

*** Integra Workflow *** [XRW001] *** XQuery Report

