Purchase Order Number : 100137965

Northern Lincolnshire and Goole NHS
NHS Foundation Trust

VAT Reg No.: 654 9775 80

The Purchase Order number MUST be quoted on all correspondence

Deliver To :

RECEIPT & DISTRIBUTION CENTRE
Tel # 01472 874111 Ext. 7312
DIANA PRINCESS OF WALES HOSP
SCARTHO ROAD
GRIMSBY DN33 2BA

Contract Reference

Supplier :

VIAMED LTD
15 STATION ROAD
CROSS HILLS
KEIGHLEY
WEST YORKSHIRE
BD20 7DT

Telephone: 01535634542 Fax: 01535635582

Invoice To :

PAYMENTS DEPARTMENT
DIANA PRINCESS OF WALES HOSP
SCARTHO ROAD
GRIMSBY
DN33 2BA

Email: nlg-tr.payments@nhs.net

Order Date : 30-Mar-2020

Delivery Date :

Notes to Supplier :

Internal Reference :

Information :

1. All deliveries accepted Mon to Fri 08:00 to 16:00 hrs. All deliveries must have a delivery note and quote the above order no.
2. The supplier is authorised to supply goods / perform works as specified on this order. Any variations to be authorised in writing.
3. All goods remain property of the supplier until accepted by the Trust.
4. Payment terms are 30 days from receipt of valid invoice unless otherwise agreed - invoices must quote the order number.
5. Acceptance and execution of this order shall be subject to the NHS standard terms and conditions of contract. For more information visit our website www.nlg.nhs.uk/about/trust/procurement

Suppliers Part No.	Description of Goods/Services	Quantity	Unit of Purchase	Unit Price £	Line Total (exc. VAT) £	Line No.
1114005	1114005 - EYEMAX 2 NEONATAL MASK REG-PK20	1		42.50	42.50	1
1114006	1114006 - EYEMAX 2 NEONATAL MASK PREEMIE-PK/20	1		40.75	40.75	2

Please advise if the price on the order is incorrect, if the goods are out of stock/discontinued or for any other problems. Please use the buyer contact details below to inform us.

Contact in case of query :

Buyer Name : MATMAN BUYER
Telephone : Mail as below
Email : nlg-tr.MatmanEnquiries@nhs.net

Total Order Value (excluding VAT) : £ 83.25