

Official Purchase Order

Order Number : 444079475

Order Date : 14 Apr 2020

All goods MUST be delivered to the address stated within the purchase order.

Any deliveries to Kings Mill Hospital Goods Receipt Point - use the entrance off the A6075 at all times. Opening Times are 08:00 to 16:00 Monday to Friday.

INVOICES must be sent to the ACCOUNTS PAYABLE DEPT.

Supplier Details:	02428 VIAMED LTD 15 STATION ROAD CROSS HILLS KEIGHLEY W. YORKS BD20 7DT
Telephone No.:	01535 634542
Deliver To:	GOODS RECEIPT POINT KINGS MILL HOSPITAL MANSFIELD ROAD SUTTON IN ASHFIELD NOTTS NG17 4JL
Invoice To:	FINANCE DEPARTMENT KINGS MILL HOSPITAL MANSFIELD ROAD SUTTON IN ASHFIELD NOTTS NG17 4JL
In case of Query please contact:	WEB BUYER 01623 622515 EXT 4242
Requisition Point Description:	NEONATAL INTENSIVE CARE UNIT
Paper / Web Ref:	
Requisition Number:	000140415

Line No.	Product Details	Order			Deliver By	Contract Reference	For Trust Internal Use
		Quantity	Price	Value			
001	3810000.VIAMED PULSE OXIMETRY POSY WRAP WITH ID BAND BOX OF 20	8	14.75	118.00	09 Apr 2020	PUR485/0001	WP06283240300
002	1114005.VIAMED EYEMAX 2 PHOTOTHERAPY MICRO MODEL R300P01 BLUE BOX OF 20	1	42.50	42.50	09 Apr 2020	PUR485/0003	WP06283240300
				160.50			

Terms and Conditions

- This Purchase Order is placed with your organisation subject to the application of our terms and conditions as referred to in the Department of Health's "Applicable Contract Terms Policy"