

Purchase Order 210001470

SUPPLIER - 001106
VIAMED
15 STATION ROAD
CROSS HILLS
KEIGHLEY
WEST YORKS

BD20 7DT

Tel: 01535634542
Fax:

DELIVER TO
HOSPITAL MAIN STORE
MAIN STORES
MEDWAY MARITIME HOSPITAL
WINDMILL ROAD GILLINGHAM
KENT
ME7 5NY

Delivery Times
8:00 a.m. to 4:00 p.m. Monday to Friday

Order Enquiries
Procurement Department 01634 833700
Medwayft.Procurement.Services@nhs.net

Invoice Enquiries
Accounts Payable: 01634 833842

ORDER DETAILS
Order Number 210001470
Order Page 1 of 1
Order Date 27/04/2020

Requisition Point 791423 - KENT WARD
Requisition Number 100023807
Requisitioner Karen Ryan x5785

INVOICE TO
DISTR. FINANCE OFFICE
RESIDENCE 10
MEDWAY MARITIME HOSPITAL
WINDMILL ROAD GILLINGHAM
KENT ME7 5NY
Where possible all Invoices and Credit notes should be emailed to: Medwayft.Invoices@nhs.net

1. This order is issued in accordance with the appropriate NHS Terms & conditions of contract a copy of which can be obtained from Procurement Dept., Tel 01634 833700
2. Delivery notes must accompany all deliveries of goods, quoting official order number.
3. No variation to this order without written authority any alteration in quantity, price or specification must be agreed in writing before the goods are supplied.
4. Carriage charges: Unless specified below, goods and services will be provided carriage paid.
5. COSHH 1998 Regulations: The Supplier must provide detailed Product Composition Data / Health and Safety for items that could be hazardous to health.
6. NHS Payment Terms: Net Monthly
7. All invoices must quote official order number and be rendered as directed.

Supplier Item Ref / Contract	Quantity and Unit	Description	Unit Price	Value	Discount %	Delivery Required
1114006 MEDGHXDEF	1	EyeMax 2 Neonatal Phototherapy Mask - Premie	40.75	40.75	0	

GOODS WILL NOT BE ACCEPTED UNLESS OUR ORDER NUMBER IS INDICATED ON THE DELIVERY NOTE, WHICH MUST BE INCLUDED ON THE OUTER PACKAGING

Nett Value	40.75
VAT Value	8.15
Total Value	48.90