

Fwd: Purchase Order : 005144817

1 message

Main Account <office@viamed.co.uk>
To: Zoey Teal <zoey.teal@viamed.co.uk>

Tue, May 19, 2020 at 12:30 PM

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

From: <rwf.financeandprocurement@nhs.net>
Date: Tue, 19 May 2020 at 12:20
Subject: Purchase Order : 005144817
To: <sales@viamed.co.uk>
Cc: <j.hodgkiss@nhs.net>, <rwf-tr.materialsmanagement@nhs.net>, <wayne.waterworth@nhs.net>

Transmission Date : 19-MAY-2020

The Royal Wolverhampton NHS Trust

Purchase Order - 005144817
Order Date - 19-May-2020

12:20:31

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

Delivery To:
RECEIPTS & DISTRIBUTION CENTRE
BUILDING 2
RWT NEW CROSS HOSPITAL
WOLVERHAMPTON ROAD
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 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-of-contract-for-the-purchase-of-goods-and-supply-of-services>
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 quote the above Purchase Order Number. INVOICES NOT COMPLYING WITH THIS INSTRUCTION WILL BE RETURNED TO THE SUPPLIER.

Telephone No.: 01535 634 542

Notes to Supplier:

Fax No.: 01535 635 582

Line No	Supplier Item Code	Contract Ref	Contract Type	Description of Goods or Services	Unit Of Purchase	Quantity	Unit Of Purchase Price (Exc VAT)	Line Total Deliver (Exc VAT) By Date
001	1114005	RWH/CON/		Eyemax 2 Phototherapy Mask Regular		1.00	42.50	42.50 25-May-2020
Total Order Value (Excl VAT) GBP								42.50

Invoice To:
No Deliveries Please
ACCOUNTS PAYABLE (Building 12)
CORPORATE SERVICES CENTRE
RWT - NEW CROSS HOSPITAL
WOLVERHAMPTON ROAD
WOLVERHAMPTON
WV10 0QP
EMAIL : rwf-tr.CreditorPayments@nhs.net

General Order Enquiries to: Materials Management (01902 307999) : Ext: 8045

Pricing Enquiries to: Procurement Department - Automated Buyer : 01902 695487

Req Point Code: : W10411

Req Point Name: : TRANSITIONAL CARE UNIT

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Purchase Order.

Please view the attachment for details.

*** Integra Workflow
*** [XML001]
*** Purchase Order
