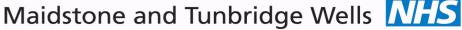
Date: 19/05/2020 Requisition No: 100178621 Order Type:
Order Number:

See General Info below...
500178959

Please quote the Purchase Order Reference on all correspondence



HS Trust

Supplier:

VIAMED

15 STATION ROAD

CROSS HILLS KEIGHLEY

WEST YORKSHIRE

BD20 7DT

Tel No: 001535 634542 Fax No: 1535635582 Invoice To:

mtw-tr.pavables@nhs.net

or

Accounts Payable, Finance Department

Service Centre
Maidstone Hospital
Hermitage Lane
Maidstone, Kent
ME16 9QQ
Tel: 01622 224315

Deliver To:

NEONATAL

MAIN STORES
TONBRIDGE ROAD
PEMBURY
TUNBRIDGE WELLS

KENT

TN2 4QJ

Other Info:

Requesting Department:

NEONATAL (602012)

Order Requested By:

RIU Only

General Info:

AVHRP-0039270

General Order Enquiries to:

The Purchasing Department (01622) 225329

mtw-tr.procurement@nhs.net

Line No.	Item ref	Description	Pack / Box Size	Delivery Date:	Quantity Required	Unit Price	Line Value
001	1114006	MASK EYEMAX 2 PHOTOTHERAPY PREMIE ORANGE 26-26CM	20	19/05/2020	1.00	40.75	40.75
002	1114005	MASK EYEMAX 2 PHOTOTHERAPY REGULAR BLUE 32-38CM	20	19/05/2020	1.00	42.50	42.50

CLICK HERE TO ACKNOWLEDGE RECEIPT OF THIS ORDER (For Supplier Use ONLY)

Conditions of Order

1. Unless specified otherwise, this order is subject to the appropriate NHS Conditions of Contract which will be advised by the Trust on Application or by visiting 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 only between 07.00 and 17.00 (Maidstone Hospital) and 07:00 to 16:00 (Tunbridge Wells Hospital at Pembury) 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 above/below and must quote the above Purchase Order Number. Invoices not complying with this instruction will be returned to the supplier.

 VAT Excl :
 83.25

 Total VAT:
 16.65

 Order Total
 99.90