



Sarah Walton <viamed.sarah.walton@gmail.com>

Fwd: Purchase Order : 005145147

1 message

Main Account <office@viamed.co.uk>

2 June 2020 at 15:54

To: Sarah Walton <sarah.walton@viamed.co.uk>

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

From: <rwf.financeandprocurement@nhs.net>

Date: Tue, 2 Jun 2020 at 15:49

Subject: Purchase Order : 005145147

To: <sales@viamed.co.uk>

Cc: <j.hodgkiss@nhs.net>, <rwf-tr.materialsmanagement@nhs.net>, <wayne.waterworth@nhs.net>

The Royal Wolverhampton NHS Trust

Transmission Date :
02-JUN-2020Purchase Order - 005145147
Order Date - 02-Jun-2020

15:49:37

Supplier:
VIAMED
15 STATION ROAD
CROSS HILLS
KEIGHLEY
WEST YORKSHIRE
BD20 7DTDelivery 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 Deliver Total (Exc VAT)	By Date
001	1114005	RWH/CON/		Eyemax 2 Phototherapy Mask Regular		1.00	42.50	42.50	08-Jun-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 : rwh-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

The Royal Wolverhampton  LOGO.BMP
NHS Trust 28K