


<b>Purchase Order No.</b> RNNN400012528		<b>Rev No.</b> 0	<b>Page 1 of 1</b>		<b>North Cumbria Integrated Care NHS Foundation Trust</b> 			
<b>Date of Order</b> 17-JUN-2020		<b>Revision Date</b>						
<b>Supplier:</b> Viamed Ltd 15 Station Road Cross Hills Keighley BD20 7DT Tel: Fax:		<b>Deliver To:</b> Receipt & Distribution West Cumberland Hospital Homewood Road Whitehaven CA28 8JG United Kingdom		<b>Invoice To:</b> North Cumbria Integrated Care NHS Foundation Trust PO Box 232 Penrith CA11 1BY United Kingdom Tel: 01288 608881 Email: accounts-payable@ncic.nhs.uk		<b>Enquiries To:</b> Purchasing Team Receipt & Distribution Cumberland Infirmary Newtown Road Carlisle CA2 7HY Tel: 01524 511910 Email: ncicpurchasing@mbht.nhs.uk		
<b>Important Information:</b> 1. This order is subject to the NHS Terms and Conditions for the Supply of Goods and the Provision of Services 2014, available at <a href="http://www.gov.uk/dh">www.gov.uk/dh</a> . 2. Any price alterations must be agreed with the Buyer prior to order execution. 3. The above order number must be quoted on all invoices, delivery notes and other correspondence. A delivery note must accompany each consignment of goods. 4. Goods will be received only between 08:00 and 16:00 hrs Monday to Thursday and 08:00 and 15:30 hrs on Friday. REQUIRED DELIVERY DATE/TIME - Deliveries to be received no later than date shown - Any costs incurred by the Trust as a consequence of late delivery will be recharged.								
Line No.	Product Code	Description of Goods or Services	Qty	Unit of Measure	Unit Price	Line Total	Deliver by Date	Contract/Quote Reference
1	1114017	<b>NEOMASK PHOTOTHERAPY EYE MASK SMALL - PACK 20 (QUOTE REF: NCUH/19/147/VH)</b>  Note:	1	PK	31.500	31.50	24/06/2020	RNLN600000138
2	1114005	<b>EYEMAX 2 PHOTOTHERAPY EYE MASK REGULAR 32-38CM - PACK 20 (QUOTE REF: NCUH/19/147/VH)</b>  Note:	1	PK	42.500	42.50	24/06/2020	RNLN600000138
					<b>Total GBP:</b>	<b>74.00</b>		