

Date: 23/06/2020  
Requisition No: 100182117

Order Type: See General Info below...  
Order Number: 500182395  
Please quote the Purchase Order Reference on all correspondence

Supplier :

VIAMED  
15 STATION ROAD  
CROSS HILLS  
KEIGHLEY  
WEST YORKSHIRE

BD20 7DT

Tel No: 001535 634542

Fax No: 1535635582

Invoice To :

[mtw-tr.payables@nhs.net](mailto:mtw-tr.payables@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-0040742

General Order Enquiries to:

The Purchasing Department (01622) 225329

[mtw-tr.procurement@nhs.net](mailto:mtw-tr.procurement@nhs.net)

Line No.	Item ref	Description	Pack / Box Size	Delivery Date:	Quantity Required	Unit Price	Line Value
001	1114005	MASK EYEMAX 2 PHOTOTHERAPY REGULAR BLUE 32-38CM	20	23/06/2020	1.00	42.50	42.50

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

Conditions of Order

- 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>
- All goods must be accompanied by a delivery note quoting the above Purchase Order Number.
- The above order number must be quoted on all advice notes, delivery notes, correspondence, invoices, acknowledgements etc.
- 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.
- 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.
- 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 :	42.50
Total VAT:	8.50
Order Total	51.00