

Amended Purchase Order

210005452

SUPPLIER - 001106

VIAMED
15 STATION ROAD
CROSS HILLS
KEIGHLEY
WEST YORKS

BD20 7DT
Tel: 01535634542
Fax:

DELIVER TO

HOSPITAL MAIN STORE
MAIN STORES
MEDWAY MARITIME HOSPITAL
WINDMILL ROAD GILLINGHAM
KENT
ME7 5NY

Delivery Times

8:00 a.m. to 4:00 p.m. Monday to Friday

Invoice Enquiries

Accounts Payable Dept
Tel: 01634 833842 Fax: 01634 817367

Order Enquiries

Procurement Department 01634 833700

ORDER DETAILS

Order Number 210005452
Order Page 1 of 1
Order Date 10/07/2020

Requisition Point 791423 - KENT WARD
Requisition Number 100027963
Requisitioner Karen Ryan x5785

INVOICE TO

DISTR. FINANCE OFFICE
RESIDENCE 10
MEDWAY MARITIME HOSPITAL
WINDMILL ROAD GILLINGHAM
KENT
ME7 5NY

1. This order is issued in accordance with the appropriate NHS Terms & conditions of contract a copy of which can be obtained from Procurement Dept., Tel 01634 833700
2. Delivery notes must accompany all deliveries of goods, quoting official order number.
3. No variation to this order without written authority any alteration in quantity, price or specification must be agreed in writing before the goods are supplied.
4. Carriage charges: Unless specified below, goods and services will be provided carriage paid.
5. COSHH 1998 Regulations: The Supplier must provide detailed Product Composition Data / Health and Safety for items that could be hazardous to health.
6. NHS Payment Terms: Net Monthly
7. All invoices must quote official order number and be rendered as directed.

Supplier Item Ref / Contract	Quantity and Unit	Description	Unit Price	Value	Discount %	Delivery Required
	1	EyeMax 2 Neonatal Phototherapy Mask - Regular	42.50	42.50	0	
GOODS WILL NOT BE ACCEPTED UNLESS OUR ORDER NUMBER IS INDICATED ON THE DELIVERY NOTE, WHICH MUST BE INCLUDED ON THE OUTER PACKAGING			Nett Value	42.50		
			VAT Value	8.50		
			Total Value	51.00		