


| Deliver to/Execute Work at: | | | | Invoice/Payment Queries to | | | |
|--|-----------|------------------|----------|---|-------------------------------|-------------------|---------------------|
| DISTRIBUTION CENTRE PROCUREMENT DEPARTMENT THE DUDLEY GROUP NHS FT RUSSELLS HALL HOSPITAL DUDLEY. WEST MIDS. DY1 2HQ | | | | THE DUDLEY GROUP NHS FT FINANCE DEPARTMENT TRUST HEADQUARTERS RUSSELLS HALL HOSPITAL DUDLEY WEST MIDS DY1 2HQ | | | |
| Supplier Name & Address: | | | | All enquiries/correspondence concerning this order to: | | Official Order no | 220042598 |
| VIAMED 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE | | | | HANSA PATEL 01384 244329 | | Order date | 10/08/2020 00:00:00 |
| BD20 7DT | | | | | | Fax to: | 01535 635582 |
| Line No | Order Qty | Unit Of Purchase | NSV Code | Description | Unit Price exc Discount & VAT | Discount Amount | Value excl VAT |
| 001 | 3.00 | | | PRODUCT CODE: 1114005 (Blue) EYEMAX 2 Regular . Pack of 20 | 42.50 | 0 | 127.50 |
| 002 | 3.00 | | | PRODUCT CODE: 1114006 (Orange) EYEMAX 2 Preemie . Pack of 20 | 40.75 | 0 | 122.25 |
| 003 | 1.00 | | | CARRIAGE . PRICE QUOTED BY AN EMAIL ON 10/08/2020 BY | 10.00 | 0 | 10.00 |

Conditions of Order

- This Purchase Order is placed with your organisation subject to the application of our terms and conditions as referred to in the Department of Health's "Applicable Contract Terms Policy". Copies available at: <https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services>
- Payment terms are 30 days from the receipt of an invoice. Providing the goods or services listed on this purchase order will be considered acceptance of these terms.
- The above Official Order Number must be quoted on all advice notes, delivery notes, invoices, acknowledgements, correspondence etc.
- Goods will be received between 08.00am and 15.45pm Monday to Friday except Bank Holidays.
- All invoices must be sent to the address indicated above and any invoices not quoting the Official Order Number will be returned to the Supplier.



Signed:.....
ON BEHALF OF:
THE DUDLEY GROUP NHS FOUNDATION TRUST

| | | | | | | | |
|--|------------------|-------------------------|-----------------|---|--|----------------------------|-----------------------|
| Deliver to/Execute Work at: | | | | Invoice/Payment Queries to | | | |
| DISTRIBUTION CENTRE PROCUREMENT DEPARTMENT THE DUDLEY GROUP NHS FT RUSSELLS HALL HOSPITAL DUDLEY. WEST MIDS. DY1 2HQ | | | | THE DUDLEY GROUP NHS FT FINANCE DEPARTMENT TRUST HEADQUARTERS RUSSELLS HALL HOSPITAL DUDLEY WEST MIDS DY1 2HQ | | | |
| Supplier Name & Address: | | | | Official Order no | | 220042598 | |
| VIAMED 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE | | | | Order date | | 10/08/2020 00:00:00 | |
| BD20 7DT | | | | Fax to: | | 01535 635582 | |
| Line No | Order Qty | Unit Of Purchase | NSV Code | Description | Unit Price exc Discount & VAT | Discount Amount | Value excl VAT |
| | | | | SOPHIE LINES | | | |
| | | | | | Total Order Value | | 259.75 |



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