

Purchase Order on behalf of: ROYAL DEVON & EXETER FOUNDATION

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<u>Enquiries to:</u> D21020481 PURCHASING TEAM 03/09/20 PROCUREMENT DEPARTMENT RD&E NHS FOUNDATION TRUST <u>by:</u> 06 SEP 20 GLADSTONE RD, HEAVITREE, EXETER Email: rde-tr.procurementdepartment Settlement Discount: TEL:	<u>Deliver to:</u> RD&E LOGISTICS DEPARTMENT UNIT 1A EAGLE WAY SOWTON INDUSTRIAL ESTATE SOWTON, EXETER EX2 7HY	<u>Order No</u> <u>Date:</u> <u>Delivery</u>
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Ref: D001

<u>Supplier</u> VIAMED V0028 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE BD20 7DT	<u>Ref:</u> 00336	<u>Payments and Invoice to:</u> RD&E NHS FOUNDATION TRUST CASH MANAGEMENT DEPARTMENT GLADSTONE HOUSE GLADSTONE ROAD, EXETER, EX1 2ED Queries: rde-tr.paymentsrtdt@nhs.net
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Unit	Total	VAT	VAT				
Line	Regn	Description	Product	Ref	Unit	Quantity	
Price	Price	Amount	Ind				
01	3356968	1114005 BABY EYE MAX 2 PHOTOTHERAPY	1114005		PACK 20	3	
42.50	127.50	25.50 S					
		MASKS SIZE REGULAR VIAMED PACK 20					
		Budget Code:034220120550		Contract Ref:			
		TRADE DISC. INCLUDED					
		Branch Code:D20550		Transfer Point:		Branch Name:MATERNITY - ADMIN	
		(INPATIENTS)					
02	3356968	1114006 BABY EYE MAX 2 PHOTOTHERAPY	1114006		PACK 20	1	
40.75	40.75	8.15 S					
		MASKS SIZE PREMIE VIAMED PACK 20					
		Budget Code:034220120550		Contract Ref:			
		TRADE DISC. INCLUDED					
		Branch Code:D20550		Transfer Point:		Branch Name:MATERNITY - ADMIN	
		(INPATIENTS)					

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Line	Regn	Description	Product	Ref	Unit	Quantity	

Price Price Amount Ind

TERMS AND CONDITIONS

ORDER SUBJECT TO NHS CONDITIONS OF CONTRACT. PRICE ALTERATIONS MUST BE AGREED

TOTAL 168.25 33.65

BEFORE ORDER IS EXECUTED. ORDER NUMBER MUST BE QUOTED. ~

ORDER

VALUE

SPECIAL
INSTRUCTIONS
201.90
