

Fwd: Purchase Order: 005148592

1 message

Main Account <office@viamed.co.uk> To: Sophie Lines <sophie.lines@viamed.co.uk> Tue, Sep 15, 2020 at 1:35 PM

----- Forwarded message ------

From: <rwt.financeandprocurement@nhs.net>

Date: Tue, 15 Sep 2020 at 13:20 Subject: Purchase Order: 005148592

To: <sales@viamed.co.uk>

Cc: <i.hodgkiss@nhs.net>, <rwh-tr.materialsmanagement@nhs.net>, <wayne.waterworth@nhs.net>

The Royal Wolverhampton NHS Trust

Transmission Date:

15-SEP-2020 Purchase Order - 005148592 Order Date - 15-Sep-2020

13:19:19

Supplier: **VIAMED** 15 STATION ROAD **CROSS HILLS KEIGHLEY** WEST YORKSHIRE

BD20 7DT

Delivery To: **RECEIPTS & DISTRIBUTION CENTRE BUILDING 2 RWT NEW CROSS HOSPITAL**

WOLVERHAMPTON

WV10 0QP

Conditions of Order

- 1. Unless otherwise specified as an order placed under an existing contract, this purchase order is placed subject to the application of the NHS Terms and Conditions for the Provision of Goods/Services (purchase order version) August 2013, which shall form the T and Cs of contract WOLVERHAMPTON ROAD under which any services referred to in this purchase order are to be provided to us. Copies available from the DoH website:- https://www.gov.uk/government/ publications/nhs-standard-terms-and-conditions-ofcontract-for-the-purchase-of-goods-and-supply-of-
 - 2. All goods must be accompanied by a delivery note quoting the above Purchase Order Number.
 - 3. The above order number must be guoted on all advice notes, delivery notes, correspondence, invoices, acknowledgements etc.
 - 4. Goods will be received as follows:- RWT between 08.00 and 16.00 Monday to Friday. Cannock Chase Hospital (CCH) between 07:45 and 15:45 Monday to Friday.
 - 5. 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.
 - 6. Invoices must be sent to the address indicated below and MUST quote the above Purchase Order Number. INVOICES NOT COMPLYING WITH THIS INSTRUCTION WILL BE RETURNEDTO THE SUPPLIER.

Telephone No.: 01535 634 Notes to Supplier:

542

Fax No.: 01535 635 582

Line Supplier Contract Unit Of Unit Of Line Deliver No Item Contract Description of Goods or Purchase Quantity Purchase Total By Date Type Code Ref Services Price (Exc (Exc VAT) VAT) 001 1114005 RWH/CON/ Eyemax 2 Phototherapy 1.00 42.50 42.50 21-Sep-Mask Regular 2020

Total Order Value (Excl VAT) GBP

Invoice To:
No Deliveries Please
ACCOUNTS PAYABLE (Building 12)
CORPORATE SERVICES CENTRE
RWT - NEW CROSS HOSPITAL
WOLVERHAMPTON ROAD
WOLVERHAMPTON

WV10 0QP

EMAIL: rwh-tr.CreditorPayments@nhs.net

General Order Enquiries to: Materials Management

(01902 307999): Ext: 8045

Pricing Enquiries to: Procurement Department -

Automated Buyer: 01902 695487

Req Point Code: : W10411

Reg Point Name: : TRANSITIONAL CARE UNIT

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Purchase Order.

Please view the attachment for details.

*** Integra Workflow

*** [XML001]

*** Purchase Order

