

Order Date : 23-10-2020

Order No : **201125523**

Must be quoted on all correspondence.

Deliver To :

**NEW CENTRAL STORES-SERVICE ROAD 1
NEW CENTRAL STORES-SERVICE ROAD 1
Nottingham University Hospital
City Hospital Campus
Hucknall Road
Nottingham
NG5 1PB
UK**

Delivery instructions

Requested delivery date: 23-10-2020

Invoice and Payment Enquiries To

Accounts Payable Section
Accounts Payable Section
Nottingham University Hospital
City Hospital Campus
Hucknall Road
Nottingham
NG5 1PB
UK

All enquiries regarding this order to:

Contact : Emma Swann x77286

Telephone : 0115 9691169 Ext 77286

Facsimile No. : 0115 962 7625

Email Address : emma.swann@nuh.nhs.uk

Supplier

Viamed Ltd

Requisition Point:
260103

Conditions

This order is subject to the Terms and Conditions of contract as agreed under the respective contract code quoted on the order. In the event of no formal contract reference then the NHS Terms and Conditions for the Provision of Goods/Services (purchase order version) 2018 will apply.

No Carriage Payment will be made unless previously agreed and included as a line on this PO and all invoice must have a PO number in order for payment to be made.

This organisation participates in the Cabinet Office's National Fraud Initiative: a data matching exercise to assist in the prevention and detection of fraud. Supplier data may be provided to bodies responsible for auditing, administering public funds.

Line	Goods or Services Required	Quantity	UOM	Contract Ref.	Unit Price	Line Value	VAT
1	114005 Box of 20 Eyemax 2 regular size	2			£42.50	£85.00	£17.00
2	114006 Box of 20 Eyemax2 Premie size	1			£40.75	£40.75	£8.15

Net Total : **£125.75**
Carriage : **£0.00**
Tax : **£25.15**
Total : **£150.90**