Supplier

VIAMED
15 STATION ROAD
CROSS HILLS
KEIGHLEY
WEST YORKSHIRE

Supplier Code:103016
sales@viamed.co.uk

Deliver To / Execute Work At

RECEIPTS & DISTRIBUTION CENTRE
BUILDING 2 RWT - NEW CROSS HOSPITAL
WOLVERHAMPTON ROAD
WOLVERHAMPTON
WV10 0QP

NHS
The Royal Wolverhampton
NHS Trust

VAT No: GB 654947886

Enquiries To

matman

rwh-tr.MaterialsManagement@nhs.net

IDA: W11523 IDA Description: NEONATAL UNIT NEW CROSS

Invoice and Payment

THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST
CORPORATE SERVICES CENTRE
NEW CROSS HOSPITAL, WOLVERHAMPTON ROAD
WOLVERHAMPTON
WV10 0QP

PURCHASE ORDER

Purchase Order No:MM00260

Please quote this number in all correspondence

Purchase Order Date: 17/11/20

Line No.	Contract Ref	Supplier Item Code	Description of Goods or Services	Deliver By Date	Qty	Unit Of Purchase	Unit of Purchase Price (Exc VAT)	Line Total (Exc VAT)
1		1114005	1114005 - EYEMAX 2 PHOTOTHERAPY MASK REGULAR	17/11/20	1.00	PACK OF 20	42.50	42.50
2		1114006	1114006 - EYEMAX 2 PHOTOTHERAPY MASK PREMIUM	17/11/20	1.00	PACK OF 20	40.75	40.75

Conditions of Order

1. This order is placed subject to the relevant NHS Terms and Conditions as detailed below: (https://www.gov.uk/government/publications/nhs-standard-terms-an d-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services)
   a) Where a valid agreement exists for the items listed above the following NHS Terms and Conditions shall prevail (as applicable): - NHS Terms and Conditions for the Supply of Goods (Contract Version) or NHS Terms and Conditions for the Provision of Services (Contract Version).
   b) Where no valid agreement exists for the items listed above the following NHS Terms and Conditions shall prevail (as applicable):- NHS Terms and Conditions for the Supply of Goods (Purchase Order Version) or NHS Terms and Conditions for the Provision of Services (Purchase Order Version).
2. All goods must be accompanied by a delivery note quoting the above Purchase Order Number.
3. The above order number must be quoted 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 RETURNED TO THE SUPPLIER.

Total Order Value (Exc VAT) GBP 83.25