

Official Purchase Order

Order Number : 444083497

Order Date : 09 Dec 2020

All goods MUST be delivered to the address stated within the purchase order.

Any deliveries to Kings Mill Hospital Goods Receipt Point - use the entrance off the A6075 at all times. Opening Times are 08:00 to 16:00 Monday to Friday.

INVOICES must be sent to the ACCOUNTS PAYABLE DEPT.

Supplier Details:	02428 VIAMED LTD 15 STATION ROAD CROSS HILLS KEIGHLEY W. YORKS BD20 7DT
Telephone No.:	01535 634542
Deliver To:	GOODS RECEIPT POINT KINGS MILL HOSPITAL MANSFIELD ROAD SUTTON IN ASHFIELD NOTTS NG17 4JL
Invoice To:	FINANCE DEPARTMENT KINGS MILL HOSPITAL MANSFIELD ROAD SUTTON IN ASHFIELD NOTTS NG17 4JL
In case of Query please contact:	WEB BUYER 01623 622515 EXT 4242
Requisition Point Description:	NEONATAL INTENSIVE CARE UNIT
Paper / Web Ref:	
Requisition Number:	000148130

Line No.	Product Details	Order			Deliver By	Contract Reference	For Trust Internal Use
		Quantity	Price Excl VAT	Value Excl VAT			
001	1114007.VIAMED EYEMAX 2 NEONATAL PHOTOTHERAPY MASK - MICRO BOX OF 20	1	36.75	36.75	03 Dec 2020	PUR485/0004	WP06283240300
002	1114006.VIAMED EYEMAX 2 NEONATAL PHOTOTHERAPY MASK - PREMIE - PACK OF 20 BOX OF 20	2	40.75	81.50	03 Dec 2020	PUR485/0002	WP06283240300
003	1114005.VIAMED EYEMAX 2 NEONATAL PHOTOTHERAPY MASK - REGULAR - PACK OF 20 BOX OF 20	2	42.50	85.00	03 Dec 2020	PUR485/0003	WP06283240300
				203.25			

Terms and Conditions

All orders are placed against NHS Terms and Conditions. To view a copy, please use the above link to visit the DoH website.