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| <b>FAX TRANSMISSION</b> |
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Date: Wednesday 16 December 2020

To: 01535635582

Company: VIAMED LTD

From: 0113 220 3623

Pages: 2 including cover page

Subject: Important NHS Documentation



**Supplier:**  
VIAMED LTD  
15 STATION ROAD  
CROSS HILLS  
KEIGHLEY, WEST YORKSHIRE BD20 7DT  
  
01535634542  
GLN:

**Deliver to:**  
WINCHESTER STORES DEPARTMENT  
ROYAL HAMPSHIRE COUNTY HOSPITAL  
QUEENS ROAD  
WINCHESTER, SO22 5HS

**Buyer** BRYN RN5 WEBB  
**Telephone**  
**Email** bryn.webb@hhft.nhs.uk  
  
RN54224 RHCH GEOFFREY HAMMOND WARD

**Invoice to:**  
HAMPSHIRE HOSPITALS NHSFT  
RN5 PAYABLES F025  
PHOENIX HOUSE, TOPCLIFFE LANE  
WAKEFIELD, WF3 1WE  
  
0303 123 1177  
GLN:

**Order Number** 260336530  
**Date** 16-DEC-20

- 1. This order is issued in accordance with NHS Terms and Conditions of Contract.
  - 2. All goods must be accompanied by a delivery note quoting the official order number.
  - 3. Goods must be delivered between 0800 and 1600 Monday to Friday ex Bank Holidays.
  - 4. All goods are signed for by R&D operatives as 'unchecked'.
  - 5. All invoices must quote the official order number.
  - 6. Please confirm receipts, back orders and price changes via email to [Supplies@hhft.nhs.uk](mailto:Supplies@hhft.nhs.uk)
  - 7. Any works to the fabric of the building must be approved by Estates and all personnel working on site will need a site induction.
- Tradeshift is a quicker and more efficient way to send invoices to NHS Shared Business Services. Please go to <https://go.tradeshift.com> and press the create an account button to get started. More information can be found at <https://www.sbs.nhs.uk/supplier-invoicing>

| Quantity Required | U.O.M | Supplier Part Number: | Description                                           | Delivery Date | Unit Price (Inc Discount) | Line Value GBP |
|-------------------|-------|-----------------------|-------------------------------------------------------|---------------|---------------------------|----------------|
| 2 20              |       | 1114005               | 1114005 EYEMAX 2 NEONAIAL PHOTOHERAPY MASK - REGULAR  | 22-DEC-20     | 42.50                     | 85.00          |
| 2 20              |       | 1114006               | 1114006 EYEMAX 2 NEONAIAL PHOTOHERAPY MASK - PREEMILE | 22-DEC-20     | 40.75                     | 81.50          |

Total Value of Order (Exc VAT) 166.50

Instructions to Supplier: This order is subject to the standard NHS Terms and Conditions of contract. For a copy of these please contact the Buyer for this order. Any price alterations must be agreed with the buyer prior to order execution. The above order number must be quoted on all invoices, acknowledgements, delivery notes and other correspondence. A delivery note must accompany each consignment of goods. The order must not be passed to any third party for supply. Any invoices not complying with these instructions will be returned unpaid to the supplier.