

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	 The Royal Wolverhampton NHS Trust INVOICES WITHOUT A PURCHASE ORDER WILL BE RETURNED TO SUPPLIER(SEE POINT 6 BELOW) VAT No: GB 654947886 EORI Code: GB 654 9478 860 00
Enquiries To matman rwh-tr.MaterialsManagement@nhs.net IDA: W10411 IDA Description: TRANSITIONAL CARE UNIT	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:MM09712 Please quote this number in all correspondence Purchase Order Date: 23/02/21

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	RWH/CON/0801	114005	1114005 - EYEMAX 2 PHOTOTHERAPY MASK REGULAR	23/02/21	2.00	PACK OF 20	42.50	85.00

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-and-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 85.00
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