Date: 01/03/2021
Requisition No: 100218387

Order Type: See General Info below...
Order Number: 500218290
*Please quote the Purchase Order Reference on all correspondence*

# Maidstone and Tunbridge Wells NHS
NHS Trust

**Supplier :**

VIAMED
15 STATION ROAD
CROSS HILLS
KEIGHLEY
WEST YORKSHIRE

BD20 7DT

Tel No: 001535 634542
Fax No: 1535635582

**Invoice To :**

mtw-tr.payables@nhs.net

or

Accounts Payable, Finance Department
Service Centre
Maidstone Hospital
Hermitage Lane
Maidstone, Kent
ME16 9QQ
Tel: 01622 224315

**Deliver To:**

NEONATAL

GREEN ZONE, LEVEL 2
MAIN STORES
TUNBRIDGE WELLS HOSPITAL
TONBRIDGE ROAD, PEMBURY
TUNBRIDGE WELLS, KENT

TN2 4QJ

**Other Info:**

**Requesting Department:**
NEONATAL (602012)

**Order Requested By:** RIU Only

**General Info:**
AVHRP-0055275

**General Order Enquiries to:**
The Purchasing Department (01622) 225329
mtw-tr.procurement@nhs.net

| Line No. | Item ref | Description | Pack / Box Size | Delivery Date: | Quantity Required | Unit Price | Line Value |
|---|---|---|---|---|---|---|---|
| 001 | 1114006 | MASK EYEMAX 2 PHOTOTHERAPY PREMIE ORANGE 26-26CM | 20 | 01/03/2021 | 1.00 | 40.75 | 40.75 |
| 002 | 1114005 | MASK EYEMAX 2 PHOTOTHERAPY REGULAR BLUE 32-38CM | 20 | 01/03/2021 | 1.00 | 42.50 | 42.50 |

CLICK HERE TO ACKNOWLEDGE RECEIPT OF THIS ORDER (For Supplier Use ONLY)

| | |
|---|---|
| VAT Excl : | 83.25 |
| Total VAT: | 16.65 |
| Order Total : | 99.90 |

## Conditions of Order

1. Unless specified otherwise, this order is subject to the appropriate NHS Conditions of Contract which will be advised by the Trust on Application or by visiting https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services
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 only between 07.00 and 17.00 (Maidstone Hospital) and 07:00 to 16:00 (Tunbridge Wells Hospital at Pembury) 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 above/below and must quote the above Purchase Order Number. Invoices not complying with this instruction will be returned to the supplier.