

Date: 23/03/2021  
Requisition No: 100222114

Order Type: See General Info below...  
Order Number: 500221935  
Please quote the Purchase Order Reference on all correspondence

<b>Supplier :</b> VIAMED 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE  BD20 7DT  Tel No: 001535 634542 Fax No: 1535635582	<b>Invoice To :</b> <a href="mailto:mtw-tr.payables@nhs.net">mtw-tr.payables@nhs.net</a>  or  Accounts Payable, Finance Department Service Centre Maidstone Hospital Hermitage Lane Maidstone, Kent ME16 9QQ Tel: 01622 224315	<b>Deliver To:</b> NEONATAL GREEN ZONE, LEVEL 2 MAIN STORES TUNBRIDGE WELLS HOSPITAL TONBRIDGE ROAD, PEMBURY TUNBRIDGE WELLS, KENT TN2 4QJ	<b>Other Info:</b> <b>Requesting Department:</b> NEONATAL (602012)  <b>Order Requested By:</b> RIU Only  <b>General Info:</b> AVHRP-0055710  <b>General Order Enquiries to:</b> The Purchasing Department (01622) 225329 <a href="mailto:mtw-tr.procurement@nhs.net">mtw-tr.procurement@nhs.net</a>
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Line No.	Item ref	Description	Pack / Box Size	Delivery Date:	Quantity Required	Unit Price	Line Value
001	1114005	MASK EYEMAX 2 PHOTOTHERAPY REGULAR BLUE 32-38CM	20	23/03/2021	1.00	42.50	42.50

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

#### Conditions of Order

- 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>
- All goods must be accompanied by a delivery note quoting the above Purchase Order Number.
- The above order number must be quoted on all advice notes, delivery notes, correspondence, invoices, acknowledgements etc.
- 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.
- 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.
- 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.

VAT Excl :	42.50
Total VAT:	8.50
Order Total	51.00