

Date: 30/03/2021
Requisition No: 100223284

Order Type: See General Info below...
Order Number: 500223142
Please quote the Purchase Order Reference on all correspondence

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-0055846

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	1114007	MASK EYEMAX 2 PHOTOTHERAPY MICRO GREEN 20-26CM	20	30/03/2021	1.00	36.75	36.75
002	1114006	MASK EYEMAX 2 PHOTOTHERAPY PREMIE ORANGE 26-26CM	20	30/03/2021	1.00	40.75	40.75

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

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.

VAT Excl :	77.50
Total VAT:	15.50
Order Total	93.00