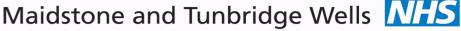
Date: 30/03/2021 100223284 **Requisition No:**

Order Type: Order Number:

500223142



Supplier:

VIAMED

15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE

BD20 7DT

Tel No: 001535 634542 Fax No: 1535635582

mtw-tr.pavables@nhs.net

Accounts Payable, Finance Department

Invoice To:

Service Centre

Hermitage Lane

Maidstone, Kent

Tel: 01622 224315

ME16 9QQ

Maidstone Hospital

or

See General Info below...

Please quote the Purchase Order Reference on all correspondence

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