

PURCHASE ORDER: RWA163931
Please quote order number on all correspondence

Hull University Teaching Hospitals

NHS Trust

SUPPLIER:

VIAMED LTD
15 STATION ROAD
CROSS HILLS
BD20 7DT

INVOICE TO:

HULL UNIVERSITY TEACHING HOSPITALS
PO Box 17390 (INVOICES ONLY)
Birmingham
elfs.356hey@cloud-trade.net
B9 9NG

DELIVER TO:

VAT Regn No : GB 654 9722 04

GOODS INWARD
HULL ROYAL INFIRMARY
FOUNTAIN STREET
ANLABY ROAD
HULL
HU3 2JZ

Enquiries via email or Tel : 01482 608783

Email : cs.supplies@hey.nhs.uk

Vendor Number: 1975
Date: 16/06/21
Requisition Number: R111627

LINE NO	ITEM REF	DESCRIPTION	DELIVERY	QUANTITY	UNIT OF ISSUE	UNIT PRICE	LINE VALUE
1	1114006	1114006 MASK PHOTOTHERAPY OCCIPITAL HEAD CIRC UMFERENCE 26-32CM ORANGE PREEMIE EYEMAX BOX OF 20	23/06/21	2.00	BOX	40.75	81.50
2	1114007	1114007 EYE MASK MICRO PHOTOTHERAPY HEAD CIRC UMFERENCE 20-26CM GREEN EYEMAX BOX OF 20	23/06/21	2.00	BOX	36.75	73.50
CONDITIONS OF ORDER 1. This order is placed subject to the relevant NHS Terms and Conditions as detailed below - 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 (RWA163931). Goods will only be accepted between 08:00 and 15:00 Monday to Friday. 3. The above order number must be quoted on all advice notes, delivery notes, correspondence, invoices, acknowledgements etc. 4. Any price variances to that shown above, must be notified immediately otherwise delays can occur in the settlement of your invoice. 5. Invoices must be sent to the address above/below and must quote the above Purchase Order Number. Invoices not complying with this instruction will be returned to the supplier. 6. Please submit your invoice via PEPOL.						VAT Excl:	155.00
						Total VAT	31.00
						Order Total	186.00