

# Amended Purchase Order

## 220014720

### SUPPLIER - 001106

VIAMED  
15 STATION ROAD  
CROSS HILLS  
KEIGHLEY  
WEST YORKS

BD20 7DT  
Tel: 01535634542  
Fax:

### DELIVER TO

HOSPITAL MAIN STORE  
MAIN STORES  
MEDWAY MARITIME HOSPITAL  
WINDMILL ROAD GILLINGHAM  
KENT  
ME7 5NY

### Delivery Times

8:00 a.m. to 4:00 p.m. Monday to Friday

### Invoice Enquiries

Accounts Payable Dept  
Tel: 01634 833842 Fax: 01634 817367

### Order Enquiries

Procurement Department 01634 833700

### ORDER DETAILS

Order Number 220014720  
Order Page 1 of 1  
Order Date 29/11/2021

Requisition Point 791420 - NEO-NATAL UNIT (NICU)  
Requisition Number 100059355  
Requisitioner Gemma Heale x5125

### INVOICE TO

FINANCE DEPARTMENT  
GUNDULPH WARD  
MEDWAY MARITIME HOSPITAL  
WINDMILL ROAD GILLINGHAM  
KENT  
ME7 5NY

1. This order is issued in accordance with the appropriate NHS Terms & conditions of contract a copy of which can be obtained from Procurement Dept., Tel 01634 833700
2. Delivery notes must accompany all deliveries of goods, quoting official order number.
3. No variation to this order without written authority any alteration in quantity, price or specification must be agreed in writing before the goods are supplied.
4. Carriage charges: Unless specified below, goods and services will be provided carriage paid.
5. COSHH 1998 Regulations: The Supplier must provide detailed Product Composition Data / Health and Safety for items that could be hazardous to health.
6. NHS Payment Terms: Net Monthly
7. All invoices must quote official order number and be rendered as directed.

Supplier Item Ref / Contract	Quantity and Unit	Description	Unit Price	Value	Discount %	Delivery Required
	3	EyeMax 2 Neonatal Phototherapy Mask - Premie 1114006	41.90	125.70	0	
GOODS WILL NOT BE ACCEPTED UNLESS OUR ORDER NUMBER IS INDICATED ON THE DELIVERY NOTE, WHICH MUST BE INCLUDED ON THE OUTER PACKAGING			Nett Value	125.70		
			VAT Value	25.14		
			Total Value	150.84		