

OFFICIAL PURCHASE ORDER

Order Number: 000056812

(to be quoted in all correspondence)

Order Date: 21-12-2021

Delivery within 7 days unless stated:



Supplier:

Viamed
15 Station Rd
Crosshills
Keighley
West Yorks
BD20 7DT

Deliver To :

Receipts & Distribution
Leighton Hospital
Middlewich Road
Crewe
Cheshire
CW1 4QJ

Invoice To:

Mid Cheshire Hospitals NHS Foundation Trust
Financial Services Department
Leighton Hospital
Middlewich Road
Crewe, Cheshire
CW1 4QJ

Contact in case of query: WEB Buyer

Notes to Supplier:

Telephone Number :

Email: Email: supplies@mcht.nhs.uk

Line No	Quantity	Unit of Issue	Supplier Reference	Description	Unit Price	Disc %	Total Excl VAT	VAT	Total Value (£)
001	1.00		VIA-1114006	1114006 Eyemax 2 Phototherapy Mask Premie Model R300P02 Orange Occipital Frontal Circ 26-32cm LATEX FREE	41.90	0	41.90	8.38	50.28
Grand Total							41.90	8.38	£50.28

1. Goods will only be received between 08:00 and 16:30 Mon-Thurs, 16:00 Fri.
2. Unless specified goods and services must be provided carriage paid.
3. No variation to this order without written authority. Any alteration in quantity or price must be agreed in writing by the ordering officer before any goods/services are supplied.
4. This order is issued in accordance with 30 days payment terms following the receipt of goods and or services received and the appropriate NHS Terms of Contract and Mid Cheshire Hospitals NHS Foundation Trust Safety Rules for Contractors, copies of which can be obtained from either the Supplies Department at the above address or by clicking <http://www.mchft.nhs.uk/supptermconditions>
5. Mid Cheshire only accepts goods under the Incoterm 'DDP' ('Delivered Duty Paid')
6. Please Email invoices to: PLInvoices@mcht.nhs.uk, Please email statements to PL.statements@mcht.nhs.uk