

Order Date : 26-01-2022

Order No : **OC26317**

Must be quoted on all correspondence.

Deliver To :

RECEIPTS & DISTRIBUTION CENTRE - STORES
 RECEIPTS & DISTRIBUTION CENTRE - STORES
 BUILDING 2 RWT - NEW CROSS HOSPITAL
 WOLVERHAMPTON ROAD
 WOLVERHAMPTON
 WV10 0QP

Requested delivery date: 30-01-2022

Invoice and Payment Enquiries To

THE ROYAL WOLVERHAMPTON HOSPITALS NHS
 TRUST
 THE ROYAL WOLVERHAMPTON HOSPITALS NHS
 TRUST
 CORPORATE SERVICES CENTRE
 NEW CROSS HOSPITAL, WOLVERHAMPTON ROAD
 WOLVERHAMPTON
 WV10 0QP

All enquiries regarding this order to:

Contact : Tracy Muir

Telephone :

Facsimile No. :

Email Address : t.muir@nhs.net

Supplier**Viamed Ltd****Conditions**

1. This order is placed subject to the relevant NHS Terms and Conditions as detailed below:
 (<https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services>)
 a) Where a valid agreement exists for the items listed below 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 below 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.
3. The above order number must be quoted on all advice notes, delivery notes, correspondence, invoices, acknowledgements etc.
4. Goods will be received as follows:- RWT between 08.00 and 16.00 Monday to Friday. Cannock Chase Hospital (CCH) between 07:45 and 15:45 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 via email to: rwh-tr.creditorpayments@nhs.net, and quote the above Purchase Order Number.
 INVOICES NOT COMPLYING WITH THIS INSTRUCTION WILL BE RETURNED TO THE SUPPLIER.

____ VAT Registration No: GB 654 947 886 ____ EORI Code: GB 654 947 886 000 ____

Line	Goods or Services Required	Quantity	UOM	Contract Ref.	Unit Price	Line Value	VAT
1	1114005 1114005 - EYEMAX 2 PHOTOTHERAPY MASK REGULAR	2.00	P20		£43.70	£87.40	£17.48

Net Total : **£87.40**Carriage : **-**Tax : **£17.48**Total : **£104.88**