## **PURCHASE ORDER: MM01579** Please quote order number on all correspondence



SUPPLIER:

VIAMED LTD 15 STATION ROAD **CROSS HILLS** BD20 7DT

INVOICE TO:

NORTHERN LINCOLNSHIRE AND GOOLE NHS TRUST Unit 8 Network Park Duddeston Mill Rd, Birmingham elfs.208NLAG@cloud-trade.com **B8 1AU** 

DELIVER TO:

VAT Regn No : GB 654 9775 80

DPOW RECEIPT AND DISTRIBUTION Diana Princess of Wales Hospital Scartho Road Grimsby **DN33 2BA** 

Enquiries via email

Email: nlg-tr.Purchasing@nhs.net

Vendor Number: Date:

16/05/22

1975

**Requisition Number:** 

	-	Requisition Number:					
LINE NO	ITEM REF	DESCRIPTION	DELIVERY	QUANTITY	UNIT OF ISSUE	UNIT PRICE	LINE VALUE
1	1114005	1114005 - EYEMAX 2 NEONATAL MASK REG-PK20 1114005 - EYEMAX 2 NEONATAL MASK REG-PK20	17/05/22	1.00	PACK	43.70	43.70
2	1114006	1114006 - EYEMAX 2 NEONATAL MASK PREEMIE-PK/20	17/05/22	1.00	PACK	41.90	41.90
CONDIT	TIONS 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 MHS Terms and Conditions for the Provision of Services (Contract Version).						VAT Excl:	85.60
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) of NHS Terms and Conditions for the Supply of Goods (Purchase Order Version) of 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 (MMO1579). Goods will only be accepted between 08:00 and 16:00 Monday to Friday.						Total VAT	17.12
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 is in PEPON I.						Order Total	102.72

- Please submit your invoice via PEPPOL.