

Deliver to/Execute Work at:				Invoice/Payment Queries to			
PROCUREMENT DEPARTMENT THE DUDLEY GROUP NHS FT RUSSELLS HALL HOSPITAL DUDLEY DY1 2HQ				THE DUDLEY GROUP NHS FT FINANCE DEPARTMENT TRUST HEADQUARTERS RUSSELLS HALL HOSPITAL DUDLEY WEST MIDS DY1 2HQ EMAIL DGFT.PAYMENTS@NHS.NET			
Supplier Name & Address:				All enquiries/correspondence concerning this order to:		Official Order no	170005501
VIAMED 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE BD20 7DT				RYAN AHIR 01384 456111 X 4614		Order date	02/08/2022 00:00:00
						Fax to:	01535 635582
Line No	Order Qty	Unit Of Purchase	NSV Code	Description	Unit Price exc Discount & VAT	Discount Amount	Value excl VAT
001	2.00			PRODUCT CODE: R300P02 VIAMED EYEMAX2 PREEMIE UOI: BOX OF 20 .	41.90	0	83.80
002	2.00			PRODUCT CODE: R300P01 VIAMED EYEMAX2 REGULAR UOI: BOX OF 20 .	43.70	0	87.40
003	1.00			DELIVERY CHARGE .	8.00	0	8.00

Conditions of Order

1. This Purchase Order is placed with your organisation subject to the application of our terms and conditions as referred to in the Department of Health's "Applicable Contract Terms Policy". Copies available at: <https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services>
2. Payment terms are 30 days from the receipt of an invoice. Providing the goods or services listed on this purchase order will be considered acceptance of these terms.
3. The above Official Order Number must be quoted on all advice notes, delivery notes, invoices, acknowledgements, correspondence etc.
4. Goods will be received between 08.00am and 15.45pm Monday to Friday except Bank Holidays.
5. All invoices must be sent to the address indicated above and any invoices not quoting the Official Order Number will be returned to the Supplier.
6. Suppliers should adhere to our Supplier Code of Conduct (available on our website).

Signed:.....
ON BEHALF OF:
THE DUDLEY GROUP NHS FOUNDATION TRUST

Deliver to/Execute Work at:				Invoice/Payment Queries to			
PROCUREMENT DEPARTMENT THE DUDLEY GROUP NHS FT RUSSELLS HALL HOSPITAL DUDLEY DY1 2HQ				THE DUDLEY GROUP NHS FT FINANCE DEPARTMENT TRUST HEADQUARTERS RUSSELLS HALL HOSPITAL DUDLEY WEST MIDS DY1 2HQ EMAIL DGFT.PAYMENTS@NHS.NET			
Supplier Name & Address:				Official Order no		170005501	
VIAMED 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE BD20 7DT				Order date		02/08/2022 00:00:00	
				Fax to:		01535 635582	
				Unit Price exc Discount & VAT		Discount Amount	
				Value excl VAT			
Line No	Order Qty	Unit Of Purchase	NSV Code	Description			
				Total Order Value		179.20	



Conditions of Order

1. This Purchase Order is placed with your organisation subject to the application of our terms and conditions as referred to in the Department of Health's "Applicable Contract Terms Policy". Copies available at: <https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services>
2. Payment terms are 30 days from the receipt of an invoice. Providing the goods or services listed on this purchase order will be considered acceptance of these terms.
3. The above Official Order Number must be quoted on all advice notes, delivery notes, invoices, acknowledgements, correspondence etc.
4. Goods will be received between 08.00am and 15.45pm Monday to Friday except Bank Holidays.
5. All invoices must be sent to the address indicated above and any invoices not quoting the Official Order Number will be returned to the Supplier.
6. Suppliers should adhere to our Supplier Code of Conduct (available on our website).

Signed:.....
ON BEHALF OF:
THE DUDLEY GROUP NHS FOUNDATION TRUST