PURCHASE ORDER: MM04599 Please quote order number on all correspondence



VAT Regn No : GB 654 9775 80

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:

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: 1975 26/09/22 Date:

Requisition Number:

IE NO ITEM F	EF DESCRIPTION	DELIVERY	QUANTITY	UNIT OF ISSUE	UNIT PRICE	LINE VALUE
1114006	1114006 - EYEMAX 2 NEONATAL MASK PREEMIE-PK/20	27/09/22	1.00	PACK	46.00	46.0
CONDITIONS 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 NHS Terms and Conditions for the Provision of Services (Contract Version).					VAT Excl:	46
b) Where no valid agreement	ists for the items listed above the following NHS Terms and Conditions shall prevail (as applicable): for the Supply of Goods (Purchase Order Version) Or NHS Terms and Conditions for the Provision of Services (Purchase Orde a delivery note quoting the above Purchase Order Number (MM04599), Goods will only be accepted between 08:00 and 16:0				Total VAT	g
2. All goods must be accompanied b	a delivery note quoting the above Purchase Order Number (MiNO4599). Goods will only be accepted between 06:00 and 16:0 loted on all advice notes, delivery notes, correspondence, invoices, acknowledgements etc.	o monday to mady.			Order Total	55