

ENQUIRIES

About this Order: Maria Haywood
eMail: maria.haywood@uhl-tr.nhs.uk

General Queries: UHLSupplies@uhl-tr.nhs.uk

UHL Internal Ref: R459460

DELIVER TO

NNU LV2 KENSINGTON BLD LRI
C/O DELIVERY BAY
KENSINGTON BUILDING
LEICESTER ROYAL INFIRMARY
GATEWAY STREET
LEICESTER
LE1 5WW

University Hospitals of Leicester
NHS Trust

**SUPPLIER**

VIAMED LIMITED
15 STATION ROAD
CROSS HILLS
KEIGHLEY
WEST YORKSHIRE
BD20 7DT
order@viamed.co.uk

Tel: 01535 634542

INVOICE ADDRESS

Accounts Payable Department
PO BOX 189
Leicester Royal Infirmary
LE1 5WP
Email: AccountsPayable@uhl-tr.nhs.uk
NHS Code: RWE.

DETAILS**PURCHASE ORDER LR712162**

ORDER DATE: 11/01/23
UHL CUST A/C NO: **Please advise**
SUPPLIER No: 100437
DELIVER BY: 12/01/23
DELIVERY POINT: L60452

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
1VML00000 A	C97423	PPUPS1	PPUPS1 CARRIAGE CHARGE PER ORDER	1.00	EACH	10.00	10.00
1VML00014	C97423	1114007	1114007 EYEMAX PHOTOTHERAPY MASK - MICRO HEAD ERENCE 20-26 CM (7.87" - 10.4") PACK 20	4.00	PACK	42.00	168.00
CONDITIONS OF SUPPLY <ol style="list-style-type: none"> All invoices must quote Official Order No. and be rendered as directed. All goods must be accompanied by a Delivery Note quoting Purchase Order No. This order is subject to the appropriate NHS Terms and Conditions of Contract prevailing at the time of order. 						Net VAT Gross Total	178.00 35.60 213.60