

**ENQUIRIES**

About this Order: MATMAN INTERFACE  
eMail: UHLSupplies@uhl-tr.nhs.uk

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

UHL Internal Ref: 868493

**DELIVER TO**

WARD 14 LV4 BALMORAL LRI  
C/O MATERIALS HANDLING UNIT  
LEICESTER ROYAL INFIRMARY  
GATE 9  
HAVELOCK STREET  
LEICESTER  
LE2 7HA

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 MM137249**

ORDER DATE: 21/03/23  
UHL CUST A/C NO: **Please advise**  
SUPPLIER No: 100437  
DELIVER BY: 22/03/23  
DELIVERY POINT: L62019

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
1VML00012	C97423	1114005	1114005 EYEMAX PHOTOTHERAPY MASK - REGULAR HEAD REFERENCE 32-38 CM (12.6" - 14.9") PACK 20	1.00	PACK	48.00	48.00
1VML00014	C97423	1114007	1114007 EYEMAX PHOTOTHERAPY MASK - MICRO HEAD REFERENCE 20-26 CM (7.87" - 10.4") PACK 20	1.00	PACK	42.00	42.00

**CONDITIONS OF SUPPLY**

1. All invoices must quote Official Order No. and be rendered as directed.
2. All goods must be accompanied by a Delivery Note quoting Purchase Order No.
3. This order is subject to the appropriate NHS Terms and Conditions of Contract prevailing at the time of order.

<b>Net</b>	90.00
<b>VAT</b>	18.00
<b>Gross Total</b>	108.00