

**ENQUIRIES**

About this Order: Sharon Bannister  
eMail: sharon.bannister@uhl-tr.nhs.uk

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

UHL Internal Ref: R466953

**DELIVER TO**

MATERIALS HANDLING UNIT (LRI)  
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 LR715930**

ORDER DATE: 13/04/23

UHL CUST A/C NO: **Please advise**

SUPPLIER No: 100437

DELIVER BY: 17/04/23

DELIVERY POINT: L62364

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
1VML00012	C97423	1114005	1114005 EYEMAX PHOTOTHERAPY MASK - REGULAR HEAD CIRCUMFERENCE 32-38 CM (12.6" - 14.9") PACK 20	2.00	PACK	48.00	96.00
1VML00013	C97423	1114006	1114006 EYEMAX PHOTOTHERAPY MASK - PREMIE OC HEAD CIRCUMFERENCE 26-32 CM (10.4" - 12.6") PACK 20	2.00	PACK	46.00	92.00
1VML00000 A	C97423	PPUPS1	PPUPS1 CARRIAGE CHARGE PER ORDER	1.00	EACH	10.00	10.00

**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>	198.00
<b>VAT</b>	39.60
<b>Gross Total</b>	237.60