**ENQUIRIES** 

About this Order: Kevin Sylvester

eMail: kevin.sylvester@uhl-tr.nhs.uk

Tel: 01535 634542

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

UHL Internal Ref: R467380

SUPPLIER

VIAMED LIMITED 15 STATION ROAD CROSS HILLS KEIGHLEY

WEST YORKSHIRE

BD20 7DT

order@viamed.co.uk

**DELIVER TO** 

MATERIALS HANDLING UNIT (LRI) LEICESTER ROYAL INFIRMARY

GATE 9

HAVELOCK STREET

LEICESTER LE2 7HA

**INVOICE ADDRESS** 

Accounts Payable Department

PO BOX 189

Leicester Royal Infirmary

LE1 5WP

Email: AccountsPayable@uhl-tr.nhs.uk

NHS Code: RWE.

University Hospitals of Leicester

NHS Trust

**DETAILS** 

PURCHASE ORDER LR716161

ORDER DATE: 19/04/23 UHL CUST A/C NO: Please advise

SUPPLIER No: 100437
DELIVER BY: 20/04/23
DELIVERY POINT: L60452

1.00 CASE 10.00 C97423 PPUPS1 PPUPS1 PPUPS1 CARRIAGE CHARGE PER ORDER 1.00 CASE 10.00 PPUPS1 CARRIAGE CHARGE PER ORDER 1.00 PPUPS1 CARRIAGE	UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
VML00017 C97423 0021014 0021014/6554 POSEY PULSE OXIMETRY SENSOR WRAP 1.00 CASE 448.00		C97423	PPUPS1	PPUPS1 CARRIAGE CHARGE PER ORDER	1.00	EACH	10.00	10.0
		C97423	0021014		1.00	CASE	448.00	448.0 <sup>1</sup>

- 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.

Page No: 1 of 1

 Net
 458.00

 VAT
 91.60

 Gross Total
 549.60