**ENQUIRIES** 

About this Order: MATMAN INTERFACE

eMail: UHLSupplies@uhl-tr.nhs.uk

Tel: 01535 634542

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

UHL Internal Ref: 884691

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 MM138350

ORDER DATE: 20/04/23 UHL CUST A/C NO: Please advise

SUPPLIER No: 100437 DELIVER BY: 21/04/23 **DELIVERY POINT: L64135** 

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
1VML00015		0021013	0021013 POSEY PULSE OXIMETRY SENSOR WRAP 6554 3CM BOX OF 12	3.00		10.70	32.10
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					Net VAT	32.10 6.42	

This order is subject to the appropriate NHS Terms and Conditions of Contract prevailing at the time of order.

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Net	32.10
VAT	6.42
<b>Gross Total</b>	38.52