

**ENQUIRIES**

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

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

UHL Internal Ref: 907489

**DELIVER TO**

DELIVERY SUITE LGH (MM)  
C/O RECEIPTS AND DISTRIBUTION  
LEICESTER GENERAL HOSPITAL  
GWENDOLEN ROAD  
LEICESTER  
LE5 4PW

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 MM139769**

ORDER DATE: 02/06/23  
UHL CUST A/C NO: **Please advise**  
SUPPLIER No: 100437  
DELIVER BY: **03/06/23**  
DELIVERY POINT: L60415

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
1VML00015	C97423	0021013	0021013 POSEY PULSE OXIMETRY SENSOR WRAP 6554 3CM BOX OF 12	4.00	BOX	10.70	42.80
<b>CONDITIONS OF SUPPLY</b> <ol style="list-style-type: none"> <li>All invoices must quote Official Order No. and be rendered as directed.</li> <li>All goods must be accompanied by a Delivery Note quoting Purchase Order No.</li> <li>This order is subject to the appropriate NHS Terms and Conditions of Contract prevailing at the time of order.</li> </ol>						<b>Net</b> <b>VAT</b> <b>Gross Total</b>	42.80 8.56 51.36