

ENQUIRIES

About this Order: Linda Lee
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General Queries: UHLSupplies@uhl-tr.nhs.uk

UHL Internal Ref: R472599

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 LR718849**

ORDER DATE: 22/06/23
UHL CUST A/C NO: **Please advise**
SUPPLIER No: 100437
DELIVER BY: 23/06/23
DELIVERY POINT: L60452

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
1VML00000 A	C97423	PPUPS1	PPUPS1 CARRIAGE CHARGE PER ORDER	1.00	EACH	10.00	10.00
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	3.00	PACK	136.00	408.00
1VML00014	C97423	1114007	1114007 EYEMAX PHOTOTHERAPY MASK - MICRO HEAD CIRCUMFERENCE 20-26 CM (7.87" - 10.4") PACK 20	2.00	PACK	42.00	84.00
1VML00017	C97423	0021014	0021014/6554 POSEY PULSE OXIMETRY SENSOR WRAP 13CM X 3CM 48 BOXES OF 12	1.00	CASE	496.50	496.50
CONDITIONS OF SUPPLY - All invoices must quote Official Order No. and be rendered as directed. - All goods must be accompanied by a Delivery Note quoting Purchase Order No. - This order is subject to the appropriate NHS Terms and Conditions of Contract prevailing at the time of order.						Net VAT Gross Total	1094.50 218.90 1313.40