

ENQUIRIES

About this Order: MATMAN INTERFACE
eMail: SuppliesLevel1@uhl-tr.nhs.uk

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

UHL Internal Ref: 931380

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 MM141068**

ORDER DATE: 14/07/23
UHL CUST A/C NO: **Please advise**
SUPPLIER No: 100437
DELIVER BY: **15/07/23**
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	6.00	BOX	11.80	70.80
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.						Net	70.80
						VAT	14.16
						Gross Total	84.96