

ENQUIRIES

About this Order: Roger Smith
eMail: roger.j.smith@uhl-tr.nhs.uk

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

UHL Internal Ref: R480153

DELIVER TO

RECEIPTS & 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 LG607339**

ORDER DATE: 05/10/23
UHL CUST A/C NO: **Please advise**
SUPPLIER No: 100437
DELIVER BY: **29/09/23**
DELIVERY POINT: L60412

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
			0212021 Neonatal Skin Temperature probe / PRICES AS PER KATE	7.00	EACH	83.00	581.00
CONDITIONS OF SUPPLY <ol style="list-style-type: none"> 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	581.00 116.20 697.20