

ENQUIRIES

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

UHL Internal Ref: R483415

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 LR724192**

ORDER DATE: 13/11/23
UHL CUST A/C NO: **Please advise**
SUPPLIER No: 100437
DELIVER BY: 14/11/23
DELIVERY POINT: L60452

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
1VML00000	C193973	PPUPS1	PPUPS1 CARRIAGE CHARGE PER ORDER	1.00	EACH	12.00	12.00
A							
1VML00012	C193973	1114005	1114005 EYEMAX PHOTOTHERAPY MASK - REGULAR HEAD CIRCUMFERENCE 32-38 CM (12.6" - 14.9") PACK 20	3.00	PACK	55.30	165.90
1VML00013	C193973	1114006	1114006 EYEMAX PHOTOTHERAPY MASK - PREMIE OC HEAD CIRCUMFERENCE 26-32 CM (10.4" - 12.6") PACK 20	4.00	PACK	55.30	221.20
1VML00014	C193973	1114007	1114007 EYEMAX PHOTOTHERAPY MASK - MICRO HEAD CIRCUMFERENCE 20-26 CM (7.87" - 10.4") PACK 20	3.00	PACK	55.30	165.90
1VML00017	C193973	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

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	1061.50
VAT	212.30
Gross Total	1273.80