

**ENQUIRIES**

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

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

UHL Internal Ref: 010183

**DELIVER TO**

NNU BASEMENT STOCK LRI  
C/O MATERIALS HANDLING UNIT  
GATE 9  
HAVELOCK SREET  
LEICESTER ROYAL INFIRMARY  
LEICESTER  
LE27HA

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 MM147147**

ORDER DATE: 05/12/23  
UHL CUST A/C NO: **Please advise**  
SUPPLIER No: 100437  
DELIVER BY: **06/12/23**  
DELIVERY POINT: L60452

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
1VML00015	C193973	0021013	0021013 POSEY PULSE OXIMETRY SENSOR WRAP 6554 3CM BOX OF 12	48.00	BOX	11.45	549.60
<b>CONDITIONS OF SUPPLY</b>  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.						<b>Net</b>	549.60
						<b>VAT</b>	109.92
						<b>Gross Total</b>	659.52