ENQUIRIES

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

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

UHL Internal Ref: 011348

DELIVER TO

WARD 10 LV 4 BAL LRI
C/O MATERIALS HANDLING UNIT
LEICESTER ROYAL INFIRMARY
GATE 9
HAVELOCK STREET
LEICESTER
LE2 7HA

University Hospitals of Leicester NHS
NHS Trust

SUPPLIER

VIAMED LIMITED
15 STATION ROAD
CROSS HILLS
KEIGHLEY
WEST YORKSHIRE
BD20 7DT Tel: 01535 634542
order@viamed.co.uk

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 MM147457

ORDER DATE: 07/12/23
UHL CUST A/C NO: **Please advise**
SUPPLIER No: 100437
DELIVER BY: **08/12/23**
DELIVERY POINT: L62010

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
1VML00012	C193973	1114005	1114005 EYEMAX PHOTOTHERAPY MASK - REGULAR HE MFERENCE 32-38 CM (12.6" - 14.9") PACK 20	2.00	PACK	55.30	110.60
1VML00013	C193973	1114006	1114006 EYEMAX PHOTOTHERAPY MASK - PREEMIE OC HEAD CIRCUMFERENCE 26-32 CM (10.4" - 12.6") PACK 20	2.00	PACK	55.30	110.60
1VML00014	C193973	1114007	1114007 EYEMAX PHOTOTHERAPY MASK - MICRO HEAD ERENCE 20-26 CM (7.87" - 10.4") PACK 20	2.00	PACK	55.30	110.60

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	331.80
VAT	66.36
Gross Total	**398.16**