

ENQUIRIES

About this Order: Angela Deacy
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General Queries: UHLSupplies@uhl-tr.nhs.uk

UHL Internal Ref: R492534

DELIVER TO

NNU LV2 KENSINGTON BLD LRI
C/O DELIVERY BAY
KENSINGTON BUILDING
LEICESTER ROYAL INFIRMARY
GATEWAY STREET
LEICESTER
LE1 5WW

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 LR728973**

ORDER DATE: 15/03/24
UHL CUST A/C NO: **Please advise**
SUPPLIER No: 100437
DELIVER BY: **16/03/24**
DELIVERY POINT: L604D4

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
1VML00012	C193973	1114005	1114005 EYEMAX PHOTOTHERAPY MASK - REGULAR HE MREFERENCE 32-38 CM (12.6" - 14.9") 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 VAT Gross Total	110.60 22.12 132.72