**ENQUIRIES** 

About this Order: MATMAN INTERFACE

eMail: SuppliesLevel1@uhl-tr.nhs.uk

Tel: 01535 634542

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

UHL Internal Ref: 067496

SUPPLIER

VIAMED LIMITED 15 STATION ROAD **CROSS HILLS** KEIGHLEY

WEST YORKSHIRE

BD20 7DT

order@viamed.co.uk

**DELIVER TO** 

NNU BASEMENT STOCK LRI C/O MATERIALS HANDLING UNIT

GATE 9

HAVELOCK SREET

LEICESTER ROYAL INFIRMARY

LEICESTER LE27HA

**INVOICE ADDRESS** 

Accounts Payable Department

PO BOX 189

Leicester Royal Infirmary

LE1 5WP

Email: AccountsPayable@uhl-tr.nhs.uk

NHS Code: RWE.

University Hospitals of Leicester L NHS Trust

**DETAILS** 

PURCHASE ORDER MM151655

ORDER DATE: 22/03/24 UHL CUST A/C NO: Please advise

SUPPLIER No: 100437 DELIVER BY: 23/03/24 **DELIVERY POINT: L60452** 

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
1VML00017		O021014	DESCRIPTION  0021014/6554 POSEY PULSE OXIMETRY SENSOR WRAP 13CM X 3CM 48 BOXES OF 12		CASE	496.50	<b>NETT VALUE</b> 496.50
	FIONS OF S	SUPPLY 1. All in	voices must quote Official Order No. and be rendered as directed.			Not	496 50
<ol> <li>CONDITIONS OF SUPPLY</li> <li>All invoices must quote Official Order No. and be rendered as directed.</li> <li>All goods must be accompanied by a Delivery Note quoting Purchase Order No.</li> <li>This order is subject to the appropriate NHS Terms and Conditions of Contract</li> </ol>					Net VAT	496.50 99.30	
prevailing at the time of order.					Gross Total	595.80	

Page No: 1 of 1