ENQUIRIES

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UHL Internal Ref: R493182

SUPPLIER

VIAMED LIMITED 15 STATION ROAD CROSS HILLS KEIGHLEY

WEST YORKSHIRE

BD20 7DT

order@viamed.co.uk

DELIVER TO

MATERIALS HANDLING UNIT (LRI) LEICESTER ROYAL INFIRMARY

GATE 9

HAVELOCK STREET

LEICESTER LE2 7HA

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

NHS Trust

DETAILS

PURCHASE ORDER LR728830

ORDER DATE: 14/03/24 UHL CUST A/C NO: Please advise

> SUPPLIER No: 100437 DELIVER BY: 12/03/24

DELIVERY POINT:

JHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
			Quotation reference number: QVM148524				
			NHS Terms and Conditions of Contract for the Maintenance of Equipment shall apply.				
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	294. 58.	