

**ENQUIRIES**

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

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

UHL Internal Ref: 173222

**DELIVER TO**

WARD 14 LV4 BALMORAL LRI  
C/O MATERIALS HANDLING UNIT  
LEICESTER ROYAL INFIRMARY  
GATE 9  
HAVELOCK STREET  
LEICESTER  
LE2 7HA

University Hospitals of Leicester  
NHS Trust

**SUPPLIER**

VIAMED LIMITED  
15 STATION ROAD  
CROSS HILLS  
KEIGHLEY  
WEST YORKSHIRE  
BD20 7DT  
orders@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 MM158272**

ORDER DATE: 11/10/24  
UHL CUST A/C NO: **Please advise**  
SUPPLIER No: 100437  
DELIVER BY: **12/10/24**  
DELIVERY POINT: L62019

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
1VML00013	C193973	1114006	1114006 EYEMAX PHOTOTHERAPY MASK - PREEMIE OC HEAD CIRCUMFERENCE 26-32 CM (10.4" - 12.6") PACK 20	1.00	PACK	55.30	55.30
<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>	55.30
						<b>VAT</b>	11.06
						<b>Gross Total</b>	<b>66.36</b>