

**ENQUIRIES**

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

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

UHL Internal Ref: 198009

**DELIVER TO**

WARD 6 KENSINGTON 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 MM160172**

ORDER DATE: 26/11/24  
UHL CUST A/C NO: **Please advise**  
SUPPLIER No: 100437  
DELIVER BY: 27/11/24  
DELIVERY POINT: L62364

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
1VML00000 A	C193973	PPUPS1	PPUPS1 CARRIAGE CHARGE PER ORDER	1.00	EACH	12.00	12.00
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
1VML00012	C193973	1114005	1114005 EYEMAX PHOTOTHERAPY MASK - REGULAR HE MREFERENCE 32-38 CM (12.6" - 14.9") PACK 20	1.00	PACK	55.30	55.30
<b>CONDITIONS OF SUPPLY</b> <ol style="list-style-type: none"> <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 prevailing at the time of order.</li> </ol>						<b>Net</b>  <b>VAT</b>  <b>Gross Total</b>	122.60  24.52  147.12