

ENQUIRIES

About this Order: Barbara Smith
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General Queries: procurement@uhl-tr.nhs.uk

UHL Internal Ref: R513422

DELIVER TO

MATERIALS HANDLING UNIT (LRI)
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 LR738790**

ORDER DATE: 30/11/24
UHL CUST A/C NO: **Please advise**
SUPPLIER No: 100437
DELIVER BY: **01/12/24**
DELIVERY POINT: L62365

| 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 | 3.00 | PACK | 55.30 | 165.90 |
| 1VML00000 A | C193973 | PPUPS1 | PPUPS1 CARRIAGE CHARGE PER ORDER | 1.00 | EACH | 12.00 | 12.00 |
| 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 | 177.90 35.58 213.48 |