

**ENQUIRIES**

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

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

UHL Internal Ref: 237320

**DELIVER TO**

N.I.C.U. LGH  
C/O RECEIPTS AND DISTRIBUTION  
LEICESTER GENERAL HOSPITAL  
GWENDOLEN ROAD  
LEICESTER  
LE5 4PW

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 MM164190**

ORDER DATE: 18/02/25  
UHL CUST A/C NO: **Please advise**  
SUPPLIER No: 100437  
DELIVER BY: 19/02/25  
DELIVERY POINT: L60412

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
1VML00014	C331692	1114007	1114007 EYEMAX PHOTOTHERAPY MASK - MICRO HEAD ERENCE 20-26 CM (7.87" - 10.4") PACK 20	1.00	PACK	56.70	56.70
<b>CONDITIONS OF SUPPLY</b> <ol style="list-style-type: none"> <li>1. All invoices must quote Official Order No. and be rendered as directed.</li> <li>2. All goods must be accompanied by a Delivery Note quoting Purchase Order No.</li> <li>3. 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>	56.70 11.34 68.04