ENQUIRIES

About this Order: Catherine Varney eMail: catherine.varney@uhl-tr.nhs.uk

Tel: 01535 634542

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UHL Internal Ref: R520531

SUPPLIER

VIAMED LIMITED 15 STATION ROAD **CROSS HILLS** KEIGHLEY

WEST YORKSHIRE

BD20 7DT

orders@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 L NHS Trust

DETAILS

PURCHASE ORDER LR741520

ORDER DATE: 25/02/25

UHL CUST A/C NO: Please advise SUPPLIER No: 100437

DELIVER BY: 26/02/25

DELIVERY POINT: L60452

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
I VML00000	C331692	PPUPS1	PPUPS1 CARRIAGE CHARGE PER ORDER	1.00	EACH	12.00	12.00
A 1VML00012	C331692	1114005	1114005 EYEMAX PHOTOTHERAPY MASK - REGULAR HE MFERENCE 32-38 CM (12.6" - 14.9") PACK 20	3.00	PACK	56.70	170.10
1VML00013	C331692	1114006	1114006 EYEMAX PHOTOTHERAPY MASK - PREEMIE OC HEAD CIRCUMFERENCE 26-32 CM (10.4" - 12.6") PACK 20	3.00	PACK	56.70	170.10
CONST	TIONS OF S		voices 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.

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352.20 Net VAT 70.44 Gross Total 422.64