ENQUIRIES

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

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

UHL Internal Ref: 253049

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
NHS Trust

SUPPLIER

VIAMED LIMITED
15 STATION ROAD
CROSS HILLS
KEIGHLEY
WEST YORKSHIRE
BD20 7DT Tel: 01535 634542
orders@viamed.co.uk

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 MM166075

ORDER DATE: 21/03/25
UHL CUST A/C NO: **Please advise**
SUPPLIER No: 100437
DELIVER BY: **22/03/25**
DELIVERY POINT: L62019

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
1VML00012	C331692	1114005	1114005 EYEMAX PHOTOTHERAPY MASK - REGULAR HE MFERENCE 32-38 CM (12.6" - 14.9") PACK 20	1.00	PACK	56.70	56.70

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	56.70
VAT	11.34
Gross Total	**68.04**