ENQUIRIES

About this Order: Linu Mathew

eMail: linu.g.mathew@uhl-tr.nhs.uk

Tel: 01535 634542

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

UHL Internal Ref: R528544

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

NHS Trust

Gross Total

360.00

DETAILS

PURCHASE ORDER LR745452

ORDER DATE: 12/06/25 UHL CUST A/C NO: Please advise

SUPPLIER No: 100437 DELIVER BY: 11/06/25 DELIVERY POINT: L64850

HL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUI
			2810050 MD300-C29 OLED FINGER PULSE OXIMETER ANY QUERIES WITH THIS ORDER PLEASE CONTACT Carl Bond ON 16840	20.00	EACH	15.00	300.0
			THANK YOU				
CONDIT	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.					Net	300.

3. This order is subject to the appropriate NHS Terms and Conditions of Contract prevailing at the time of order.

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