

ENQUIRIES

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

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

UHL Internal Ref: 351337

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 MM176629**

ORDER DATE: 28/10/25
UHL CUST A/C NO: **Please advise**
SUPPLIER No: 100437
DELIVER BY: 29/10/25
DELIVERY POINT: L60412

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
1VML00000 A	C331692	PPUPS1	PPUPS1 CARRIAGE CHARGE PER ORDER	1.00	EACH	12.00	12.00
1VML00012	C331692	1114005	1114005 EYEMAX PHOTOTHERAPY MASK - REGULAR HE MREFERENCE 32-38 CM (12.6" - 14.9") PACK 20	1.00	PACK	56.70	56.70
CONDITIONS OF SUPPLY - All invoices must quote Official Order No. and be rendered as directed. - All goods must be accompanied by a Delivery Note quoting Purchase Order No. - This order is subject to the appropriate NHS Terms and Conditions of Contract prevailing at the time of order.						Net VAT Gross Total	68.70 13.74 82.44