

ENQUIRIES

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

General Queries: uhl-tr.procurementmailbox@nhs.net

UHL Internal Ref: 367601

DELIVER TO

WARD 11 LV 4 BAL BUILD LRI
C/O MATERIALS HANDLING UNIT
LEICESTER ROYAL INFIRMARY
GATE 9
HAVELOCK STREET
LEICESTER
LE2 7HA

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: uhl-tr.accountspayable@nhs.net
NHS Code: RWE.

DETAILS**PURCHASE ORDER MM180329**

ORDER DATE: 04/12/25
UHL CUST A/C NO: **Please advise**
SUPPLIER No: 100437
DELIVER BY: **05/12/25**
DELIVERY POINT: L62014

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
1VML00015	C331692	0021013	0021013 POSEY PULSE OXIMETRY SENSOR WRAP 6554 3CM BOX OF 12	1.00	BOX	16.20	16.20
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 VAT Gross Total	16.20 3.24 19.44