

ENQUIRIES

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

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

UHL Internal Ref: 381933

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

DETAILS**PURCHASE ORDER MM181653**

ORDER DATE: 13/01/26
 UHL CUST A/C NO: **Please advise**
 SUPPLIER No: 100437
 DELIVER BY: 14/01/26
 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 <ol style="list-style-type: none"> 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