

ENQUIRIES

About this Order: Catherine Ainge
eMail: catherine.ainge@nhs.net

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

UHL Internal Ref: R541491

DELIVER TO

RECEIPTS & DISTRIBUTION
LEICESTER GENERAL HOSPITAL
GWENDOLEN ROAD
LEICESTER
LE5 4PW

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.accounts payable@nhs.net
NHS Code: RWE.

DETAILS**PURCHASE ORDER LG620868**

ORDER DATE: 12/01/26

UHL CUST A/C NO: Please advise

SUPPLIER No: 100437

DELIVER BY: 13/01/26

DELIVERY POINT: L60410

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 MFFERENCE 32-38 CM (12.6" - 14.9") PACK 20	3.00	PACK	56.70	170.10
1VML00013	C331692	1114006	1114006 EYEMAX PHOTOTHERAPY MASK - PREEMIE OC HEAD CIRCUMFERENCE 26-32 CM (10.4" - 12.6") PACK 20	2.00	PACK	56.70	113.40
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	295.50
						VAT	59.10
						Gross Total	354.60