

ENQUIRIES

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

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

UHL Internal Ref: 384149

DELIVER TO

WARD 19 LV6 BAL BLD LRI
C/O MATERIALS HANDLING UNIT
LEICESTER ROYAL INFIRMARY
GATE 9
HAVELOCK STREET
LEICESTER
LE2 7HA

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 MM181853**

ORDER DATE: 19/01/26

UHL CUST A/C NO: Please advise

SUPPLIER No: 100437

DELIVER BY: 20/01/26

DELIVERY POINT: L62011

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
1VML00012	C331692	1114005	1114005 EYEMAX PHOTOTHERAPY MASK - REGULAR HE MFERENCE 32-38 CM (12.6" - 14.9") PACK 20	1.00	PACK	56.70	56.70
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	56.70
						VAT	11.34
						Gross Total	68.04