

ENQUIRIES

About this Order: **MATMAN INTERFACE**
 eMail: uhl-tr.UHLSupplies@nhs.net
 General Queries: uhl-tr.procurementmailbox@nhs.net
 UHL Internal Ref: 400661

SUPPLIER

VIAMED LIMITED
 15 STATION ROAD
 CROSS HILLS
 KEIGHLEY
 WEST YORKSHIRE
 BD20 7DT
orders@viamed.co.uk Tel: 01535 634542

DELIVER TO

NNU BASEMENT STOCK LRI
 C/O MATERIALS HANDLING UNIT
 GATE 9
 HAVELOCK SREET
 LEICESTER ROYAL INFIRMARY
 LEICESTER
 LE27HA

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 MM184874

ORDER DATE: 27/02/26
 UHL CUST A/C NO: **Please advise**
 SUPPLIER No: 100437
 DELIVER BY: 28/02/26
 DELIVERY POINT: L60452

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
1VML00017	C331692	0021014	0021014/6554 POSEY PULSE OXIMETRY SENSOR WRAP 13CM X 3CM 48 BOXES OF 12	1.00	CASE	509.50	509.50
1VML00000 A	C331692	PPUPS1	PPUPS1 CARRIAGE CHARGE PER ORDER	1.00	EACH	12.00	12.00

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	521.50
VAT	104.30
Gross Total	625.80