

ENQUIRIES

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

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

UHL Internal Ref: 408363

DELIVER TO

WARD 10 LV 4 BAL LRI
 C/O MATERIALS HANDLING UNIT
 LEICESTER ROYAL INFIRMARY
 GATE 9
 HAVELOCK STREET
 LEICESTER
 LE2 7HA

University Hospitals of Leicester



NHS Trust

DETAILS**PURCHASE ORDER MM187333**

ORDER DATE: 19/03/26

UHL CUST A/C NO: **Please advise**

SUPPLIER No: 100437

DELIVER BY: **20/03/26**

DELIVERY POINT: L62010

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@invoices.oneadvanced.com
 NHS Code: RWE.

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
1VML00012	C331692	1114005	1114005 EYEMAX PHOTOTHERAPY MASK - REGULAR HEAD CIRCUMFERENCE 32-38 CM (12.6" - 14.9") PACK 20	1.00	PACK	56.70	56.70
1VML00014	C331692	1114007	1114007 EYEMAX PHOTOTHERAPY MASK - MICRO HEAD CIRCUMFERENCE 20-26 CM (7.87" - 10.4") PACK 20	1.00	PACK	56.70	56.70
1VML00013	C331692	1114006	1114006 EYEMAX PHOTOTHERAPY MASK - PREMIE OC HEAD CIRCUMFERENCE 26-32 CM (10.4" - 12.6") PACK 20	1.00	PACK	56.70	56.70

CONDITIONS OF SUPPLY

- 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	170.10
VAT	34.02
Gross Total	204.12