

**ENQUIRIES**

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

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

UHL Internal Ref: 416546

**DELIVER TO**

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

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@invoices.oneadvanced.com  
 NHS Code: RWE.

**DETAILS****PURCHASE ORDER MM190818**

ORDER DATE: 10/04/26  
 UHL CUST A/C NO: **Please advise**  
 SUPPLIER No: 100437  
 DELIVER BY: **11/04/26**  
 DELIVERY POINT: L60452

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

**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.

<b>Net</b>	521.50
<b>VAT</b>	104.30
<b>Gross Total</b>	<b>625.80</b>