ENQUIRIES

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

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

UHL Internal Ref: 471009

DELIVER TO

N.I.C.U. LGH
C/O RECEIPTS AND DISTRIBUTION
LEICESTER GENERAL HOSPITAL
GWENDOLEN ROAD
LEICESTER
LE5 4PW

University Hospitals of Leicester NHS
NHS Trust

SUPPLIER

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

INVOICE ADDRESS

Accounts Payable Department
PO BOX 189
Leicester Royal Infirmary
LE1 5WP
Email: uhl@invoices.oneadvanced.com
NHS Code: RWE.

DETAILS

PURCHASE ORDER MM202297

ORDER DATE: 01/09/26
UHL CUST A/C NO: **Please advise**
SUPPLIER No: 100437
DELIVER BY: **02/09/26**
DELIVERY POINT: L60412

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
1VML00012	C442541	1114005	1114005 EYEMAX PHOTOTHERAPY MASK - REGULAR HE MFERENCE 32-38 CM (12.6" - 14.9") PACK 20	1.00	PACK	58.90	58.90
1VML00013	C442541	1114006	1114006 EYEMAX PHOTOTHERAPY MASK - PREEMIE OC HEAD CIRCUMFERENCE 26-32 CM (10.4" - 12.6") PACK 20	1.00	PACK	58.90	58.90
1VML00000 A	C442541	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	129.80
VAT	25.96
Gross Total	**155.76**