ENQUIRIES

SUPPLIER

CROSS HILLS

KEIGHLEY

BD20 7DT

VIAMED LIMITED

15 STATION ROAD

WEST YORKSHIRE

order@viamed.co.uk

About this Order: Lindsey Allen eMail: memsordering@uhl-tr.nhs.uk

Tel: 01535 634542

General Queries: UHLSupplies@uhl-tr.nhs.uk

UHL Internal Ref: R386318

INVOICE ADDRESS

GWENDOLEN ROAD LEICESTER

Accounts Payable Department

PO BOX 189

DELIVER TO

Leicester Royal Infirmary

RECEIPTS & DISTRIBUTION

LEICESTER GENERAL HOSPITAL

LE1 5WP

LE5 4PW

Email: AccountsPayable@uhl-tr.nhs.uk

NHS Code: RWE.

University Hospitals of Leicester NHS Trust

DETAILS

PURCHASE ORDER LG589813

ORDER DATE: 11/03/20 UHL CUST A/C NO: Please advise

SUPPLIER No: 100437 DELIVER BY: 12/03/20 **DELIVERY POINT: L60907**

 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.

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VAT 162.00 Gross Total 972.00