

**ENQUIRIES**

About this Order: Thomas Grew  
eMail: thomas.grew@uhl-tr.nhs.uk

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

UHL Internal Ref: R387458

**DELIVER TO**

RECEIPTS & DISTRIBUTION  
GLENFIELD HOSPITAL  
GROBY ROAD  
LEICESTER  
LE3 9QP

University Hospitals of Leicester



NHS Trust

**SUPPLIER**

VIAMED LIMITED  
15 STATION ROAD  
CROSS HILLS  
KEIGHLEY  
WEST YORKSHIRE  
BD20 7DT  
order@viamed.co.uk

Tel: 01535 634542

**INVOICE ADDRESS**

Accounts Payable Department  
PO BOX 189  
Leicester Royal Infirmary  
LE1 5WP  
Email: AccountsPayable@uhl-tr.nhs.uk  
NHS Code: RWE.

**DETAILS****PURCHASE ORDER GG593796**

ORDER DATE: 25/03/20

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

SUPPLIER No: 100437

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

DELIVERY POINT: L68430

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
1VML00000 A	DN343896 1	PPUPS1	PPUPS1 COURIER DELIVERY STANDARD ONLY WHERE I KED (DELIVERY EXCLUDED)	1.00	EACH	10.00	10.00
<b>CONDITIONS OF SUPPLY</b> <ol style="list-style-type: none"> <li>All invoices must quote Official Order No. and be rendered as directed.</li> <li>All goods must be accompanied by a Delivery Note quoting Purchase Order No.</li> <li>This order is subject to the appropriate NHS Terms and Conditions of Contract prevailing at the time of order.</li> </ol>						<b>Net</b> <b>VAT</b> <b>Gross Total</b>	10.00 2.00 12.00