ENQUIRIES

About this Order: Barbara Smith
eMail: barbara.d.smith@uhl-tr.nhs.uk

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

UHL Internal Ref: R388890

DELIVER TO

MATERIALS HANDLING UNIT (LRI)
LEICESTER ROYAL INFIRMARY
GATE 9
HAVELOCK STREET
LEICESTER
LE2 7HA

University Hospitals of Leicester NHS
NHS Trust

SUPPLIER

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

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 LR676428

ORDER DATE: 20/04/20
UHL CUST A/C NO: **Please advise**
SUPPLIER No: 100437
DELIVER BY: **21/04/20**
DELIVERY POINT: L62365

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
1VML00012	DN343896 1	1114005	1114005 EYEMAX PHOTOTHERAPY MASK - REGULAR HE MFERENCE 32-38 CM (12.6" - 14.9") (DELIVERY E XCLUDED)) PACK 20	5.00	PACK	42.50	212.50
1VML00000 A	DN343896 1	PPUPS1	PPUPS1 COURIER DELIVERY STANDARD ONLY WHERE I KED (DELIVERY EXCLUDED)	1.00	EACH	10.00	10.00

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	222.50
VAT	44.50
Gross Total	**267.00**