

**ENQUIRIES**

About this Order: Maria Haywood  
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General Queries: UHLSupplies@uhl-tr.nhs.uk

UHL Internal Ref: R391791

**DELIVER TO**

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

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 LR677861**

ORDER DATE: 11/06/20

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

SUPPLIER No: 100437

DELIVER BY: **12/06/20**

DELIVERY POINT: L62004

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
1VML00013	DN343896 1	1114006	1114006 EYEMAX PHOTOTHERAPY MASK - PREEMIE OC HEAD CIRCUMFERENCE 26-32 CM (10.4" - 12.6") ( DELIVERY EXCLUDED) PACK 20	5.00	PACK	40.75	203.75

**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>	213.75
<b>VAT</b>	42.75
<b>Gross Total</b>	256.50