ENQUIRIES

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

UHL Internal Ref: R392886

SUPPLIER

VIAMED LIMITED 15 STATION ROAD **CROSS HILLS** KEIGHLEY

WEST YORKSHIRE

BD20 7DT

order@viamed.co.uk

DELIVER TO

MATERIALS HANDLING UNIT (LRI) LEICESTER ROYAL INFIRMARY

GATE 9

HAVELOCK STREET

LEICESTER LE2 7HA

INVOICE ADDRESS

Accounts Payable Department

PO BOX 189

Leicester Royal Infirmary

LE1 5WP

Email: AccountsPayable@uhl-tr.nhs.uk

NHS Code: RWE.

University Hospitals of Leicester NHS Trust

DETAILS

PURCHASE ORDER LR678595

ORDER DATE: 08/07/20 UHL CUST A/C NO: Please advise

SUPPLIER No: 100437 DELIVER BY: 09/07/20 **DELIVERY POINT: L62014**

1VML00012 DN343896 1114005 1114005 EYEMAX PHOTOTHERAPY MASK - REGULAR HE 3.00 PACK 42.50 1VML00013 DN343896 1114006 1114006 EYEMAX PHOTOTHERAPY MASK - PREEMIE OC 3.00 PACK 40.75 1 HEAD CIRCUMFERENCE 26-32 CM (10.4" - 12.6") (3.00 PACK 40.75	127.50
1 HEAD CIRCUMFERENCE 26-32 CM (10.4" - 12.6") (
DELIVERY EXCLUDED) PACK 20	122.25

CONDITIONS OF SUPPLY

- 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.

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249.75 Net VAT 49.95 Gross Total 299.70