ENQUIRIES

About this Order: Coleen Lord

eMail: Coleen.Lord@uhl-tr.nhs.uk

Tel: 01535 634542

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

UHL Internal Ref: R391477

SUPPLIER

VIAMED LIMITED 15 STATION ROAD CROSS HILLS KEIGHLEY

WEST YORKSHIRE

BD20 7DT

order@viamed.co.uk

DELIVER TO

R&D POINT (PETERBORO HAEMODIAL PETERBOROUGH CITY HOSPITAL

PO BOX 006

EDITH CAVELL CAMPUS

BRETTON GATE PETERBOROUGH

PE3 9GZ

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 LG591274

ORDER DATE: 13/07/20 UHL CUST A/C NO: Please advise

SUPPLIER No: 100437 DELIVER BY: 15/07/20 DELIVERY POINT: L60469

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
UHL CODE	CONTRACT	SUPPLIER CODE	A3TFT finger pulse oximeter ANY QUERIES WITH THIS ORDER PLEASE CONTACT COLEEN LORD ON 07494 464084 THANK YOU	10.00		26.00	260.00
CONDITATION OF THE Page No. 1	TIONS OF S	2. All go 3. This o	voices must quote Official Order No. and be rendered as directed. ods must be accompanied by a Delivery Note quoting Purchase Order No. order is subject to the appropriate NHS Terms and Conditions of Contract lling at the time of order.			Net VAT Gross Total	260.00 52.00 312.00