

**ENQUIRIES**

About this Order: Jenny Burgess  
eMail: jennifer.burgess@uhl-tr.nhs.uk

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

UHL Internal Ref: R395701

**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 GG595171**

ORDER DATE: 24/08/20  
UHL CUST A/C NO: **Please advise**  
SUPPLIER No: 100437  
DELIVER BY: 25/08/20  
DELIVERY POINT: L67337

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
1VML00012	DN343896 2	1114005	1114005 EYEMAX PHOTOTHERAPY MASK - REGULAR HEAD CIRCUMFERENCE 32-38 CM (12.6" - 14.9") (DELIVERY EXCLUDED)) PACK 20	1.00	PACK	42.50	42.50
1VML00013	DN343896 2	1114006	1114006 EYEMAX PHOTOTHERAPY MASK - PREMIE OC HEAD CIRCUMFERENCE 26-32 CM (10.4" - 12.6") (DELIVERY EXCLUDED) PACK 20	1.00	PACK	40.75	40.75

**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>	83.25
<b>VAT</b>	16.65
<b>Gross Total</b>	<b>99.90</b>