

**ENQUIRIES**

About this Order: Catherine Ainge  
eMail: catherine.ainge@uhl-tr.nhs.uk

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

UHL Internal Ref: R400237

**DELIVER TO**

RECEIPTS & DISTRIBUTION  
LEICESTER GENERAL HOSPITAL  
GWENDOLEN ROAD  
LEICESTER  
LE5 4PW

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 LG592711**

ORDER DATE: 22/10/20  
UHL CUST A/C NO: **Please advise**  
SUPPLIER No: 100437  
DELIVER BY: **28/10/20**  
DELIVERY POINT: L60410

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
1VML00000	DN343896	PPUPS1	PPUPS1 CARRIAGE ON ALL ORDERS UP TO »10	1.00	EACH	10.00	10.00
A	2						
1VML00012	DN343896	1114005	1114005 EYEMAX PHOTOTHERAPY MASK - REGULAR HEAD CIRCUMFERENCE 32-38 CM (12.6" - 14.9")	2.00	PACK	42.50	85.00
	2		PACK 20				
1VML00013	DN343896	1114006	1114006 EYEMAX PHOTOTHERAPY MASK - PREMIE OC HEAD CIRCUMFERENCE 26-32 CM (10.4" - 12.6")	3.00	PACK	40.75	122.25
	2		PACK 20				
1VML00014	DN343896	1114007	1114007 EYEMAX PHOTOTHERAPY MASK - MICRO HEAD CIRCUMFERENCE 20-26 CM (7.87" - 10.4")	2.00	PACK	36.75	73.50
	2		PACK 20				

**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>	290.75
<b>VAT</b>	58.15
<b>Gross Total</b>	348.90