ENQUIRIES

SUPPLIER

VIAMED LIMITED

15 STATION ROAD

About this Order: Lindsey Allen eMail: memsordering@uhl-tr.nhs.uk

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

UHL Internal Ref: R400784

INVOICE ADDRESS

Accounts Payable Department

PO BOX 189

DELIVER TO

GROBY ROAD LEICESTER

LE3 9QP

Leicester Royal Infirmary

RECEIPTS & DISTRIBUTION

GLENFIELD HOSPITAL

LE1 5WP

Email: AccountsPayable@uhl-tr.nhs.uk

NHS Code: RWE.

University Hospitals of Leicester NHS Trust

DETAILS

PURCHASE ORDER GG596028

ORDER DATE: 05/11/20 UHL CUST A/C NO: Please advise

SUPPLIER No: 100437 DELIVER BY: 06/11/20 **DELIVERY POINT: L64841**

CROSS HILLS KEIGHLEY WEST YORKSHIRE BD20 7DT Tel: 01535 634542 order@viamed.co.uk

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
			2530004 Battery cover for DB3 microstim wo 8010222 ANY QUERIES WITH THIS ORDER PLEASE CONTACT ANDREW GREAVES GGH MEMS ON 0116 2583511 THANK YOU		EACH	2.18	2.1
			CARRIAGE	1.00	EACH	6.00	6.0
CONDI	TIONS OF S	IIPPI V 1. All invo	pices must quote Official Order No. and be rendered as directed.			Net	8.1

- 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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VAT 1.64 Gross Total 9.82