ENQUIRIES

About this Order: Pip Ward

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Tel: 01535 634542

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UHL Internal Ref: R402044

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 LR683076

ORDER DATE: 18/11/20 UHL CUST A/C NO: Please advise

SUPPLIER No: 100437 **DELIVER BY: 19/11/20 DELIVERY POINT: L62010**

IHL CODE CONTRA	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
/ML00012 DN34389 2	6 1114005	1114005 EYEMAX PHOTOTHERAPY MASK - REGULAR HE MFERENCE 32-38 CM (12.6" - 14.9") PACK 20	1.00	PACK	42.50	42.50
/ML00013 DN34389 2	6 1114006	1114006 EYEMAX PHOTOTHERAPY MASK - PREEMIE OC HEAD CIRCUMFERENCE 26-32 CM (10.4" - 12.6") PACK 20	1.00	PACK	40.75	40.7
/ML00014 DN34389	5 1114007	1114007 EYEMAX PHOTOTHERAPY MASK - MICRO HEAD ERENCE 20-26 CM (7.87" - 10.4") PACK 20	1.00	PACK	36.75	36.79

CONDITIONS OF SUPPLY

- 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.

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120.00 Net VAT 24.00 Gross Total 144.00