ENQUIRIES

SUPPLIER

CROSS HILLS

KEIGHLEY

BD20 7DT

VIAMED LIMITED

15 STATION ROAD

WEST YORKSHIRE

order@viamed.co.uk

About this Order: Paul Simmonds

eMail: paul.simmonds@uhl-tr.nhs.uk

Tel: 01535 634542

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

UHL Internal Ref: R403031

INVOICE ADDRESS

AYLESTONE ROAD

LRI PATHOLOGY STORES

LEICESTER ROYAL INFIRMARY

Accounts Payable Department

PO BOX 189

DELIVER TO

GATE 2

LEICESTER LE1 5WW

Leicester Royal Infirmary

LE1 5WP

Email: AccountsPayable@uhl-tr.nhs.uk

NHS Code: RWE.

University Hospitals of Leicester NHS Trust

DETAILS

PURCHASE ORDER LR683489

ORDER DATE: 01/12/20 UHL CUST A/C NO: Please advise

SUPPLIER No: 100437 DELIVER BY: 01/12/20 **DELIVERY POINT: L64809**

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
			SERVICE FIXED PRICE REPAIR OF MICROSTIM DB3 NERVE STIMULATOR (S/N:M00045 QUOTATION:QVM127433	72) 1.00	EACH	45.00	45.00
			SRS67639 SRN33242				
			CONTACT PAUL SIMMONDS EXT:5117				
			SERVICE POSTAGE.	1.00	EACH	10.00	10.0
CONDI	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.					Net	55.0
3. This order is subject to the appropriate NHS Terms and Conditions of Contract					VAT	11.0	

This order is subject to the appropriate NHS Terms and Conditions of Contract prevailing at the time of order.

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Gross Total 66.00