

ENQUIRIES

About this Order: Maria Haywood
eMail: maria.haywood@uhl-tr.nhs.uk

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

UHL Internal Ref: R404356

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 LG593523**

ORDER DATE: 17/12/20
UHL CUST A/C NO: **Please advise**
SUPPLIER No: 100437
DELIVER BY: **18/12/20**
DELIVERY POINT: L60412

| UHL CODE | CONTRACT | SUPPLIER CODE | DESCRIPTION | QUANTITY | UNIT | ITEM PRICE | NETT VALUE |
|-----------|----------|---------------|---|----------|------|------------|------------|
| 1VML00000 | DN343896 | PPUPS1 | PPUPS1 CARRIAGE CHARGE PER ORDER | 1.00 | EACH | 10.00 | 10.00 |
| A | 2 | | | | | | |
| 1VML00013 | DN343896 | 1114006 | 1114006 EYEMAX PHOTOTHERAPY MASK - PREEMIE OC | 5.00 | PACK | 40.75 | 203.75 |
| | 2 | | HEAD CIRCUMFERENCE 26-32 CM (10.4" - 12.6") | | | | |
| | | | 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.

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|--------------------|--------|
| Net | 213.75 |
| VAT | 42.75 |
| Gross Total | 256.50 |