

ENQUIRIES

About this Order: MATMAN INTERFACE
eMail: UHLSupplies@uhl-tr.nhs.uk

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

UHL Internal Ref: 412655

DELIVER TO

WARD 6 KENSINGTON LRI
C/O MATERIALS HANDLING UNIT
LEICESTER ROYAL INFIRMARY
GATE 9
HAVELOCK STREET
LEICESTER
LE2 7HA

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 MM112215**

ORDER DATE: 11/05/21
UHL CUST A/C NO: **Please advise**
SUPPLIER No: 100437
DELIVER BY: 12/05/21
DELIVERY POINT: L62364

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
1VML00012	DN343896 3	1114005	1114005 EYEMAX PHOTOTHERAPY MASK - REGULAR HEAD REFERENCE 32-38 CM (12.6" - 14.9") PACK 20	1.00	PACK	42.50	42.50
1VML00014	DN343896 3	1114007	1114007 EYEMAX PHOTOTHERAPY MASK - MICRO HEAD REFERENCE 20-26 CM (7.87" - 10.4") PACK 20	1.00	PACK	36.75	36.75

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.

Net	79.25
VAT	15.85
Gross Total	95.10