ENQUIRIES

About this Order: Catherine Ainge
eMail: catherine.ainge@uhl-tr.nhs.uk

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

UHL Internal Ref: R419691

DELIVER TO

RECEIPTS & DISTRIBUTION
LEICESTER GENERAL HOSPITAL
GWENDOLEN ROAD
LEICESTER
LE5 4PW

University Hospitals of Leicester NHS
NHS Trust

SUPPLIER

VIAMED LIMITED
15 STATION ROAD
CROSS HILLS
KEIGHLEY
WEST YORKSHIRE
BD20 7DT Tel: 01535 634542
order@viamed.co.uk

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 LG596347

ORDER DATE: 22/07/21
UHL CUST A/C NO: **Please advise**
SUPPLIER No: 100437
DELIVER BY: **28/07/21**
DELIVERY POINT: L60410

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
1VML00000A	DN343896 3	PPUPS1	PPUPS1 CARRIAGE CHARGE PER ORDER	1.00	EACH	10.00	10.00
1VML00012	DN343896 3	1114005	1114005 EYEMAX PHOTOTHERAPY MASK - REGULAR HE MFERENCE 32-38 CM (12.6" - 14.9") PACK 20	2.00	PACK	42.50	85.00
1VML00013	DN343896 3	1114006	1114006 EYEMAX PHOTOTHERAPY MASK - PREEMIE OC HEAD CIRCUMFERENCE 26-32 CM (10.4" - 12.6") PACK 20	2.00	PACK	40.75	81.50
1VML00014	DN343896 3	1114007	1114007 EYEMAX PHOTOTHERAPY MASK - MICRO HEAD ERENCE 20-26 CM (7.87" - 10.4") PACK 20	2.00	PACK	36.75	73.50

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	250.00
VAT	50.00
Gross Total	300.00