

ENQUIRIES

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

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

UHL Internal Ref: R422908

DELIVER TO

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

University Hospitals of Leicester



NHS Trust

DETAILS**PURCHASE ORDER LG597054**

ORDER DATE: 14/09/21

UHL CUST A/C NO: **Please advise**

SUPPLIER No: 100437

DELIVER BY: **15/09/21**

DELIVERY POINT: L60412

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.

| UHL CODE | CONTRACT | SUPPLIER CODE | DESCRIPTION | QUANTITY | UNIT | ITEM PRICE | NETT VALUE |
|--|----------|---------------|--|----------|------|--|------------------------|
| 1VML00000 A | | PPUPS1 | PPUPS1 CARRIAGE CHARGE PER ORDER | 1.00 | EACH | 10.00 | 10.00 |
| 1VML00015 | | 0021013 | 0021013 POSEY PULSE OXIMETRY SENSOR WRAP 6554 3CM BOX OF 12 | 1.00 | BOX | 12.90 | 12.90 |
| CONDITIONS OF SUPPLY <ol style="list-style-type: none"> All invoices must quote Official Order No. and be rendered as directed. All goods must be accompanied by a Delivery Note quoting Purchase Order No. This order is subject to the appropriate NHS Terms and Conditions of Contract prevailing at the time of order. | | | | | | Net VAT Gross Total | 22.90 4.58 27.48 |