

ENQUIRIES

About this Order: Maria Haywood
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General Queries: UHLSupplies@uhl-tr.nhs.uk

UHL Internal Ref: R425586

DELIVER TO

MATERIALS HANDLING UNIT (LRI)
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 LR694847**

ORDER DATE: 13/10/21
UHL CUST A/C NO: **Please advise**
SUPPLIER No: 100437
DELIVER BY: **14/10/21**
DELIVERY POINT: L60452

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
1VML00000 A	C42524	PPUPS1	PPUPS1 CARRIAGE CHARGE PER ORDER	1.00	EACH	10.00	10.00
1VML00012	C42524	1114005	1114005 EYEMAX PHOTOTHERAPY MASK - REGULAR HE MREFERENCE 32-38 CM (12.6" - 14.9") PACK 20	5.00	PACK	43.70	218.50
1VML00017	C42524	0021014	0021014/6554 POSEY PULSE OXIMETRY SENSOR WRAP 13CM X 3CM 48 BOXES OF 12	1.00	CASE	399.70	399.70
CONDITIONS OF SUPPLY - 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	628.20 125.64 753.84