

**ENQUIRIES**

About this Order: Barbara Smith  
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General Queries: UHLSupplies@uhl-tr.nhs.uk

UHL Internal Ref: R427944

**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 LR695967**

ORDER DATE: 15/11/21  
UHL CUST A/C NO: **Please advise**  
SUPPLIER No: 100437  
DELIVER BY: **16/11/21**  
DELIVERY POINT: L62365

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
1VML00012	C42524	1114005	1114005 EYEMAX PHOTOTHERAPY MASK - REGULAR HE MREFERENCE 32-38 CM (12.6" - 14.9") PACK 20	3.00	PACK	43.70	131.10
<b>CONDITIONS OF SUPPLY</b> <ol style="list-style-type: none"> <li>1. All invoices must quote Official Order No. and be rendered as directed.</li> <li>2. All goods must be accompanied by a Delivery Note quoting Purchase Order No.</li> <li>3. This order is subject to the appropriate NHS Terms and Conditions of Contract prevailing at the time of order.</li> </ol>						<b>Net</b> <b>VAT</b> <b>Gross Total</b>	131.10 26.22 157.32