ENQUIRIES

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UHL Internal Ref: R434541

SUPPLIER

VIAMED LIMITED 15 STATION ROAD **CROSS HILLS** KEIGHLEY

WEST YORKSHIRE

BD20 7DT order@viamed.co.uk

DELIVER TO

RECEIPTS & DISTRIBUTION LEICESTER GENERAL HOSPITAL

GWENDOLEN ROAD

LEICESTER LE5 4PW

INVOICE ADDRESS

Accounts Payable Department

PO BOX 189

Leicester Royal Infirmary

LE1 5WP

Email: AccountsPayable@uhl-tr.nhs.uk

NHS Code: RWE.

University Hospitals of Leicester NHS Trust

DETAILS

PURCHASE ORDER LG599115

ORDER DATE: 11/02/22 UHL CUST A/C NO: Please advise

SUPPLIER No: 100437 DELIVER BY: 09/02/22 **DELIVERY POINT: L60907**

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
UHE CODE	CONTRACT	SUPPLIER CODE	0110040 R30V O2 CELL ANY QUERIES WITH THIS ORDER PLEASE CONTACT John Prescott, LGH Workshop, 0116 258 4657 THANK YOU		EACH	45.90	367.2 ⁴
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					Net VAT	367.2 73.4	

prevailing at the time of order.

Page No: 1 of 1

Net	367.20
VAT	73.44
Gross Total	440.64