

**ENQUIRIES**

About this Order: Linda Lee  
eMail: linda.lee@uhl-tr.nhs.uk

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

UHL Internal Ref: R439445

**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 LR701898**

ORDER DATE: 07/04/22

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

SUPPLIER No: 100437

DELIVER BY: **08/04/22**

DELIVERY POINT: L60452

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
1VML00017	C42524	0021014	0021014/6554 POSEY PULSE OXIMETRY SENSOR WRAP 13CM X 3CM 48 BOXES OF 12	1.00	CASE	399.70	399.70
1VML00000 A	C42524	PPUPS1	PPUPS1 CARRIAGE CHARGE PER ORDER	1.00	EACH	10.00	10.00
<b>CONDITIONS OF SUPPLY</b> <ol style="list-style-type: none"> <li>All invoices must quote Official Order No. and be rendered as directed.</li> <li>All goods must be accompanied by a Delivery Note quoting Purchase Order No.</li> <li>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>	409.70  81.94  <b>491.64</b>