

ENQUIRIES

About this Order: Coleen Lord
eMail: Coleen.Lord@uhl-tr.nhs.uk

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

UHL Internal Ref: R442333

DELIVER TO

R&D POINT (PETERBORO HAEMODIAL
PETERBOROUGH CITY HOSPITAL
PO BOX 006
EDITH CAVELL CAMPUS
BRETTON GATE
PETERBOROUGH
PE3 9GZ

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 LG601123**

ORDER DATE: 30/06/22
UHL CUST A/C NO: **Please advise**
SUPPLIER No: 100437
DELIVER BY: 04/07/22
DELIVERY POINT: L60469

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
			MD300-C9 FINGER PULSE OXIMETER » ANY PRICE QUERIES PLEASE CONTACT TINA PRESTON ON 07971 626168, THANK YOU tina.preston@uhl-tr.nhs.uk	5.00	EACH	22.22	111.10
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	111.10 22.22 133.32