**ENQUIRIES** 

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UHL Internal Ref: R446035

SUPPLIER

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

WEST YORKSHIRE

BD20 7DT

order@viamed.co.uk

**DELIVER TO** 

MATERIALS HANDLING UNIT (LRI) LEICESTER ROYAL INFIRMARY

GATE 9

HAVELOCK STREET

LEICESTER LE2 7HA

**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 LR705207

ORDER DATE: 08/07/22 UHL CUST A/C NO: Please advise

SUPPLIER No: 100437 DELIVER BY: 09/07/22 **DELIVERY POINT: L64850** 

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
1VML00000 A		PPUPS1	PPUPS1 CARRIAGE CHARGE PER ORDER		EACH	10.00	10.00
CONDI	TIONS OF S	2. All go 3. This o	voices must quote Official Order No. and be rendered as directed.  ods must be accompanied by a Delivery Note quoting Purchase Order No.  order is subject to the appropriate NHS Terms and Conditions of Contract iling at the time of order.			Net VAT	10.00 2.00

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Gross Total 12.00