ENQUIRIES

About this Order: Nila Vakani

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Tel: 01535 634542

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

UHL Internal Ref: R447974

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 LR706729

ORDER DATE: 23/08/22 UHL CUST A/C NO: Please advise

SUPPLIER No: 100437 DELIVER BY: **24/08/22** DELIVERY POINT: L62014

UHL CODE	CONTRACT	SUPPLIER CODE	DESCRIPTION	QUANTITY	UNIT	ITEM PRICE	NETT VALUE
VML00012	C97423	1114005	1114005 EYEMAX PHOTOTHERAPY MASK - REGULAR HE MFERENCE 32-38 CM (12.6" - 14.9") PACK 20	4.00	PACK	48.00	192.0
1VML00013	C97423	1114006	1114006 EYEMAX PHOTOTHERAPY MASK - PREEMIE OC HEAD CIRCUMFERENCE 26-32 CM (10.4" - 12.6") PACK 20	4.00	PACK	46.00	184.0

- 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 prevailing at the time of order.

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 Net
 376.00

 VAT
 75.20

 Gross Total
 451.20