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# Viamed Ltd



**Delivery Address**

Rotherham General Hospital  
Stores Central Receipt Point  
Moorgate Road  
Rotherham  
S60 2UD

**Invoice Address**

Rotherham NHS Foundation Trust  
Financial Services C/O Woodside  
Moorgate Road  
Rotherham  
S60 2UD

**Contact Name**  
**Contact Tel**

: Judith Farrow  
: 01709820000

**Account** 00004400  
**Customer Reference** 5235875  
**Date** 27 Oct 2023  
**Priority** : 3  
**Due Date** : 27 Oct 2023  
**Priced In** : UK Pounds

## Order Confirmation CVM146341

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CIP Carriage and Insurance Paid To Rotherham Hospital, UK \* Incoterms(R) 2020

Your Viamed Contact for this Order Confirmation : kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	1	55.30	11.06	66.36
1114006	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard	1	10.00	2.00	12.00

**Total Net:** 175.90  
**Total Vat:** 35.18  
**Total:** 211.08

Banking details  
Bank BIC  
Sort Code Barclays Bank PLC  
Account Number 20-78-42  
IBAN 00906662  
BIC GB05BUKB20784200906662  
BIC BUKGB22  
Terms and conditions <https://www.viamed.co.uk/terms>

Terms: Net 30 days from date of invoice.  
Full invoice amount to be credited to our account net of all bank charges.  
Claims: Please claim non delivery within 7 days of invoice.  
Shortages or damage within 3 days of receipt.  
Claims after these times cannot be entertained.  
Title to goods does not pass until payment in full has been received.