

Viamed Ltd
 15 Station Road
 Cross Hills
 Keighley, West Yorkshire
 BD20 7DT, United Kingdom
 Tel: +44 (0) 1535 634542
 Fax: +44 (0) 1535 635582
 Email: info@viamed.co.uk
 VAT Reg No: GB287389593
 Company Reg No: 01291765
 Eori No: GB287389593000

Viamed Ltd



Delivery Address

Leicester General Hospital
 N.I.C.U. LGH
 C/o Receipts And Distribution
 Gwendolen Road
 Leicester
 LE5 4PW

Invoice Address

University Hospitals Of Leicester NHST
 Leicester Royal Infirmary
 Accounts Payable Department
 P O Box 189
 Leicester
 LE1 5WP

Contact Name

Contact Tel

: Supplies

: 03003031573

Account

00002590

Customer Reference

MM145623

Date

09 Nov 2023

Priority

: 3

Due Date

: 10 Nov 2023

Priced In

: UK Pounds

Order Confirmation CVM146617

Page 1

CIP Carriage and Insurance Paid To Leicester General 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 | 2 | 55.30 | 11.06 | 132.72 |
| 0021013 | Posey Sensor Wraps Model 6554 Box of 12 | 2 | 12.80 | 2.56 | 30.72 |
| 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 | 0.00 | 0.00 | 0.00 |

Total Net: 246.80

Total Vat: 49.36

Total: 296.16

Banking details

Bank
 Sort Code
 Account Number
 IBAN
 BIC

BIC

Barclays Bank PLC

20-78-42

00906662

GB05BUKB20784200906662

BUKBGB22

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.