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Viamed Ltd



Delivery Address

Peterborough City Hospital
 Central Stores
 Edith Cavell Campus
 Bretton
 Peterborough
 PE3 9GZ

Invoice Address

North West Anglia NHS FT
 RGN Payables 7455
 PO Box 312
 Leeds
 LS11 1HP

Contact Name

Contact Tel

: William Mitcham

: 01480418744

Account

Customer Reference

Date

Priority

Due Date

Priced In

00004113

233312310

22 Nov 2023

: 3

: 22 Nov 2023

: UK Pounds

Order Confirmation CVM146683

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CIP Carriage and Insurance Paid To Peterborough City Hosp, UK * Incoterms(R) 2020

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

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

Total Net: 120.60

Total Vat: 24.12

Total: 144.72

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.