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Viamed Ltd



Delivery Address

Lister Hospital
 R And D Point - Deliveries
 Coreys Mill Lane
 Stevenage
 SG1 4AB

Invoice Address

East And North Herts NHS Trust
 RWH Payables 6435
 PO Box 312
 Leeds
 LS11 1HP

Contact Name

: Procurement

Contact Tel

: 01438314333

Account

00004870

Customer Reference

76398119

Date

16 Nov 2023

Priority

: 3

Due Date

: 17 Nov 2023

Priced In

: UK Pounds

Order Confirmation CVM146715

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

Your Viamed Contact for this Order Confirmation : aqib.majeed@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

PPUPS1	UPS Courier Delivery - Standard	1	8.00	1.60	9.60
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Total Net: 63.30

Total Vat: 12.66

Total: 75.96

Banking details

Bank BIC
 Sort Code 20-78-42
 Account Number 00906662
 IBAN 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.