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Viamed Ltd



Delivery Address

Nottingham University Hospital
 City Distribution Hub, Service Road 1
 City Hospital Campus
 Hucknall Road
 Nottingham
 NG5 1PB

Invoice Address

Nottingham University Hospital
 Accounts Payable Section
 City Hospital Campus
 Hucknall Road
 Nottingham
 NG5 1PB

Contact Name

Contact Tel

: David Beales

: 0115 9691169

Account

00003910

Customer Reference

200027144

Date

22 Nov 2023

Priority

: 3

Due Date

: 22 Nov 2023

Priced In

: UK Pounds

Order Confirmation CVM146817

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

Your Viamed Contact for this Order Confirmation : emily.morton@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	5	55.30	11.06	331.80
1114005	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	5	55.30	11.06	331.80
PPUPS1	UPS Courier Delivery - Standard	1	12.00	2.40	14.40

Total Net: 565.00

Total Vat: 113.00

Total: 678.00

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.