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Viamed Ltd



Delivery Address	Invoice Address	Contact Name	: Patricia Higgins
		Contact Tel	: 01215531831
City Hospital	SWBH BU	Account	00000480
Receipts And Distribution	Sandwell And W.Birmingham Hosp NHST	Customer Reference	SWBH139947
Dudley Road	GF Office 5, Trinity House	Date	18 Jan 2024
Birmingham	Lyndon	Priority	: 3
B18 7QH	West Bromwich	Due Date	: 19 Jan 2024
	B71 4HJ	Priced In	: UK Pounds

Order Confirmation CVM147795

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CIP Carriage and Insurance Paid To City 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	5	55.30	11.06	331.80
PPUPS1	UPS Courier Delivery - Standard	1	12.00	2.40	14.40

Total Net:	288.50
Total Vat:	57.70
Total:	346.20

Banking details	BIC
Bank	Barclays Bank PLC
Sort Code	20-78-42
Account Number	00906662
IBAN	GB05BUKB20784200906662
BIC	BUKBGB22
Terms and conditions	https://www.viamed.co.uk/terms