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Viamed Ltd



Delivery Address

Diana Princess of Wales Hospital
 DPOW Receipt And Distribution
 Scartho Road
 Grimsby
 DN33 2BA

Invoice Address

Northern Lincolnshire And Goole NHSFT
 C/O ELFS Shared Services
 PO Box 4418, Unit 2
 Swindon
 SN4 4RW

Contact Name
 Contact Tel

: Purchasing
 : 01472874111

Account
 Customer Reference
 Date
 Priority

00001995
 MM20646
 14 May 2024
 3

Priced In

UK Pounds

Order Confirmation CVM149927

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CIP Carriage and Insurance Paid To Diana POW 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
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	8.00	1.60	9.60

Total Net: 63.30
 Total Vat: 12.66
 Total: 75.96

Banking details
 Bank
 Sort Code
 Account Number
 IBAN
 BIC
 Terms and conditions

BIC
 Barclays Bank PLC
 20-78-42
 00906662
 GB05BUKB20784200906662
 BUKGB22
<https://www.viamed.co.uk/terms>