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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
 : 03033306757

Account
 Customer Reference
 Date
 Priority

00001995
 MM22017
 02 Jul 2024
 3

Priced In

UK Pounds

Order Confirmation CVM150871

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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
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	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
 Terms and conditions

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