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Viamed Ltd

**Delivery Address**

Peterborough City Hospital
Central Stores
Edith Cavell Campus
Bretton
Peterborough
PE3 9GZ

Invoice Address

North West Anglia NHS FT
RGN Payables 7455
PO Box 312
Leeds
LS11 1HP

Contact Name : Sharon Skeels
Contact Tel : 01480418769

Account 00004113
Customer Reference 233336331
Date 23 Aug 2024
Priority 3

Priced In UK Pounds

Order Confirmation CVM151809

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

Your Viamed Contact for this Order Confirmation : kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	2	55.30	11.06	132.72
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 BIC
Sort Code Barclays Bank PLC
Account Number 20-78-42
IBAN 00906662
BIC GB05BUKB20784200906662
Terms and conditions BUKGB22
<https://www.viamed.co.uk/terms>