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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

Contact Tel

: Sharon Skeels

: 01480418769

Account

Customer Reference

Date

Priority

00004113

233340045

07 Oct 2024

3

Priced In

UK Pounds

Order Confirmation CVM152646

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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	1	55.30	11.06	66.36
0021013	Posey Sensor Wraps Model 6554 Box of 12	12	11.45	2.29	164.88
PPUPS1	UPS Courier Delivery - Standard	1	0.00	0.00	0.00

Total Net: 192.70

Total Vat: 38.54

Total: 231.24

Banking details

Bank

Sort Code

Account Number

IBAN

BIC

Terms and conditions

BIC

Barclays Bank PLC

20-78-42

00906662

GB05BUKB20784200906662

BUKBGB22

<https://www.viamed.co.uk/terms>