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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
MM24520
08 Oct 2024
3

Priced In

UK Pounds

Order Confirmation CVM152688

Page 1

CIP Carriage and Insurance Paid To Diana POW Hospital, UK * Incoterms(R) 2020

Your Viamed Contact for this Order Confirmation : kate.griffiths@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
BUKBGB22
<https://www.viamed.co.uk/terms>