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Viamed Ltd

**Delivery Address**

Norfolk and Norwich Uni Hospital
RM1 Buxton Ward WV4997
Colney Lane
Norwich
NR4 7UY

Invoice Address

Norfolk And Norwich UH FT
RM1 Payables G105
PO Box 312
Leeds
LS11 1HP

Contact Name : Junior Buyer
Contact Tel : 01603286120

Account 00003890
Customer Reference 358008715
Date 14 Oct 2024
Priority 3

Priced In UK Pounds

Order Confirmation CVM152775

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CIP Carriage and Insurance Paid To Norfolk 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
1114007	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 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 BIC
Sort Code 20-78-42
Account Number 00906662
IBAN GB05BUKB20784200906662
BIC BUKGB22
Terms and conditions <https://www.viamed.co.uk/terms>