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Viamed Ltd



Delivery Address

Lister Hospital
 R And D Point
 Coreys Mill Lane
 Stevenage
 SG1 4AB

Invoice Address

East And North Herts NHS Trust
 RWH Payables 6435
 PO Box 312
 Leeds
 LS11 1HP

Contact Name : Procurement
 Contact Tel : 01438314333

Account 00004870
 Customer Reference 76435688
 Date 03 Mar 2025
 Priority 3

Priced In UK Pounds

Order Confirmation CVM155332

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

Your Viamed Contact for this Order Confirmation : emily.morton@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	2	56.70	11.34	136.08
PPUPS1	UPS Courier Delivery - Standard	1	10.00	2.00	12.00

Total Net: 123.40
 Total Vat: 24.68
 Total: 148.08

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>