

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

Supplier
Viamed Ltd
15 Station Road
Cross Hills
Keighley, West Yorkshire
BD20 7DT, United Kingdom
Tel: +44 (0) 1535 634542
Fax: +44 (0) 1535 635582
Email: info@viamed.co.uk
VAT Reg No: GB287389593
Company Reg No: 01291765
eori No: GB287389593000



Contact Name Sharon Skeels
Contact Tel 01480418769
Account 00004113
Customer Reference 233340045
Date 08 Oct 2024

Invoice Address

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

Delivery Note DVM152646-1

CIP Carriage and Insurance Paid To Peterborough City Hosp, UK * Incoterms® 2020

UPS - Packages: 1 - Contact kate.griffiths@viamed.co.uk

| Item Reference | Description | Ordered | Current Delivery | Remaining |
|--|---|---------|------------------|-----------|
| 1114006 Tariff 9018199000 CoO U.S.A. | EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20 | 1 | 1 | 0 |
| 0021013 Tariff 90181990-00 CoO United States | Posey Sensor Wraps Model 6554 Box of 12 | 12 | 12 | 0 |
| PPUPS1 | UPS Courier Delivery - Standard | | | |

Banking details
Bank Barclays Bank PLC
Sort Code 20-78-42
Account Number 00906662
IBAN GB05BUKB20784200906662
BIC BUKGB22
Terms and conditions <https://www.viamed.co.uk/terms>