

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
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Company Reg No: 01291765
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Contact Name Sharon Skeels
Contact Tel 01480418769
Account 00004113
Customer Reference 233345597
Date 11 Dec 2024

Invoice Address

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

Delivery Note DVM153869-1

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
0021013 Tariff 90181990-00 CoO United States	Posey Sensor Wraps Model 6554 Box of 12	12	12	0
1114007 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	1	1	0
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	1	1	0
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	1	1	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>