

Viamed Ltd  
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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

# Viamed Ltd



## Delivery Address

Inspira d.o.o.  
Pot Na Labar 9  
Ljubljana  
1000  
Slovenia

## Invoice Address

Inspira D.o.o.  
Pot Na Labar 9  
Ljubljana  
1000  
Slovenia  
VAT SI21299285

## Contact Name Contact Tel

: Mateja Cepon  
: 0038682052973

## Account

CID25631

## Customer Reference

23-0261

## Date

06 Dec 2023

## Priority

: 3

## Valid until

: 06 Jan 2024

## Priced In

: Euros

## Proforma Invoice MVM147101

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CIP Carriage and Insurance Paid To Inspira, Slovenia \* Incoterms(R) 2020

Your Viamed Contact for this Proforma Invoice : kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	35	48.40		1,694.00
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	10	48.40		484.00
INS	Insurance	1	21.78		21.78
PPUPS6	UPS Courier Delivery - Standard  61 x 47 x 42 cm 9.30 kg	1	22.82		22.82

Total Net: 2,222.60  
Total Vat: 0.00  
Total: 2,222.60

Banking details  
Bank BIC  
Sort Code Barclays Bank  
Account Number 20-78-42  
IBAN 87399700  
BIC GB33BUKB20784287399700  
Terms and conditions BUKBGB22  
<https://www.viamed.co.uk/terms>

Full proforma amount to be credited to our account net of all bank charges.  
Claims: Please claim non delivery within 14 days of invoice.  
Shortages or damage within 3 days of receipt.  
Claims after these times cannot be entertained.  
Title to goods does not pass until payment in full has been received.  
Proforma Valid for 30 days only.  
Viamed Ltd reserves the right to add an administration fee to the Proforma if multiple changes are requested.