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Viamed Ltd



Delivery Address

Northway Community Centre
 CCN Team XCCD75
 Northway LY0127
 Dora Carr Close
 Oxford
 OX3 9RF

Invoice Address

Oxford Health NHSFT
 Accounts Payable Department
 Littlemore Mental Health Centre
 Sandford Road
 Oxford
 OX4 4XN

Contact Name Contact Tel

: Sophie Wallis
 : 07508381845

Account Customer Reference Date Priority Valid until Priced In

CID25523
 ASE148594
 21 Feb 2024
 : 3
 : 23 Mar 2024
 : UK Pounds

Proforma Invoice MVM148403

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CIP Carriage and Insurance Paid To Northway Community Centre, Oxfor * Incoterms(R) 2020

Your Viamed Contact for this Proforma Invoice : aqib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	2	55.30	11.06	132.72
1114006	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard	1	10.00	2.00	12.00

Total Net: 175.90
 Total Vat: 35.18
 Total: 211.08

Banking details
 Bank BIC
 Sort Code 20-78-42
 Account Number 00906662
 IBAN GB05BUKB20784200906662
 BIC BUKGBB22
 Terms and conditions <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.