

Viamed Ltd
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BD20 7DT, United Kingdom
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Email: info@viamed.co.uk
VAT Reg No: GB287389593
Company Reg No: 01291765
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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
: 0038641412413

Account Customer Reference Date Priority Valid until Priced In

CID25631
24-0113
23 May 2024
3
: 23 Jun 2024
Euros

Proforma Invoice MVM150123

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

Your Viamed Contact for this Proforma Invoice : sophie.lines@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	30	48.40		1,452.00
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	5	48.40		242.00
INS	Insurance	1	16.94		16.94
PPUPS6	UPS Courier Delivery - Standard 61 x 47 x 25 cm 5.6 kg	1	22.29		22.29

Total Net: 1,733.23
Total Vat: 0.00
Total: 1,733.23

Banking details
Bank BIC
Sort Code Barclays Bank
Account Number 20-78-42
IBAN 87399700
BIC GB33BUKB20784287399700
Terms and conditions BUKGB22
<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.