**Invoice Address** University Hospitals Birmingham NHSFT **BHST Business Group** PO Box 16967 Edgbaston Birmingham **B16 6TT** 

**Delivery Address** Uni Hospitals Birmingham NHSFT T50275 Meteor Park Warehouse Unit 3, Meteor Park Argyle Street Birmingham B7 5TE

Supplier Viamed Ltd 15 Station Road Cross Hills 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 Company Reg No: 01291765 Eori No: GB287389593000

Teresa Mitchell Contact Name Contact Tel 01214243508 00000518 Account Customer Reference 819099 Date 26 Oct 2023

Tracking Number 1Z9W96386841192326

Priced In **UK Pounds** 

## Invoice RVM145511-1

CIP Carriage and Insurance Paid To University Hosp Birmingham, UK \* Incoterms(r) 2020 Delivery Reference DVM145511-1 Contact agib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Prem Ref. R300P02 Pack of 20	ie 1	55.30	11.06	66.36
1114007 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	1	55.30	11.06	66.36
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regu Ref. R300P01 Pack of 20	lar 1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386841192326		10.00	2.00	12.00

Total Net: 175.90 Total Vat: 35.18 Total: 211.08

Banking details Bank Sort Code Account Number

IBAN

Barclays Bank PLC 20-78-42 00906662 GB05BUKB20784200906662

BIC BUKBGB22 Terms & conditions https://www.viamed.co.uk/terms

Terms: Net 30 days from date of invoice.

Terms: Net 30 days from date of invoice.
Full invoice amount to be credited to our account net of all bank charges.
Claims: Please claim non delivery within 7 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.

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