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

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 Eori No: GB287389593000

Contact Name Contact Tel Account **Customer Reference** Date

Teresa Mitchell 01214243508 00000490 819606 26 Oct 2023

Tracking Number

1Z9W96386840447160

Total

66.36

Priced In **UK Pounds**

Delivery Address University Hospital Birmingham NHSFT T50275 Meteor Park Warehouse Unit 3 Meteor Park Argyle Street Birmingham B7 5TE

Invoice RVM145603-1

CIP Carriage and Insurance Paid To University Hospital Birmingham, * Incoterms(r) 2020

Delivery Reference DVM145603-1 Contact sophie.lines@viamed.co.uk Item Reference Description Quantity Unit Vat Unit 1114005 EyeMax 2 Neonatal Phototherapy Mask - Regular 55.30 11.06

Tariff 9018199000 CoO United States	Ref. R300P01 Pack of 20	•	30.00	11.00	00.00
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	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
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840447160		10.00	2.00	12.00

Total Net: 175.90 Total Vat: 35.18 Total: 211.08

Banking details Bank

Barclays Bank PLC Sort Code 20-78-42 00906662 Account Number

IBAN GB05BUKB20784200906662 **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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