

Invoice Address
University Hospitals Bristol NHSFT
UHBWFT Creditor Payment Site
PO Box 3214, Trust HQ
Marlborough Street
Bristol
BS1 9JR

Delivery Address
St Michaels Hospital
Special Care Baby Unit
Level D
Southwell Street
Bristol
BS2 8EG

Supplier
Viamed Ltd
15 Station Road
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 Procurement
Contact Tel 01173425324
Account 00000691
Customer Reference N495897
Date 01 Nov 2023
Tracking Number 1Z9W96386878507926
Priced In UK Pounds

Invoice RVM146418-1

CIP Carriage and Insurance Paid To St Michaels Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM146418-1 Contact 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	2	55.30	11.06	132.72
4420922 Tariff 9018199000 CoO Germany	VersaStream Oridion CO2 Airway Adapter Sampling Line Infant (ID < 4.0mm), Short-term Box of 25	2	160.00	32.00	384.00
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878507926		12.00	2.40	14.40

Total Net: 442.60
Total Vat: 88.52
Total: 531.12

Banking details
Bank Barclays Bank PLC
Sort Code 20-78-42
Account Number 00906662
IBAN GB05BUKB20784200906662
BIC BUKGB22
Terms & conditions <https://www.viamed.co.uk/terms>

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.