

Invoice Address
Norfolk and Norwich Univ Hospitals NHSFT (REV)
RM1 Payable G105
PO Box 312
Leeds
LS11 1HP

Supplier
Viamed Ltd
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Keighley, West Yorkshire
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Contact Name SBS Trans Procurement
Contact Tel 01603287461
Account 00003890
Customer Reference RM1REV969958
Date 01 Nov 2023
Tracking Number 1Z8W47826846011423
Priced In UK Pounds

Invoice RVM146436-1

Delivery Address
Norfolk and Norwich Univ Hospital
Goods Receiving/Stores
Colney Lane
Norwich
NR4 7UY

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

Delivery Reference DVM146436-1 Contact aqib.majeed@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
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:1Z8W47826846011423		10.00	2.00	12.00

Total Net: 231.20
Total Vat: 46.24
Total: 277.44

Banking details
Bank Barclays Bank PLC
Sort Code 20-78-42
Account Number 00906662
IBAN GB05BUKB20784200906662
BIC BUKGBB22
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.