

Invoice Address
 East Suffolk and North Essex
 NHS Foundation Trust
 Finance Department - North Lodge
 Turner Road
 Colchester
 CO4 5JL

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 Web Buyer
 Contact Tel 01473704463
 Account 00002323
 Customer Reference 200255939
 Date 06 Nov 2023
 Tracking Number 1Z9W96386840503241
 Priced In UK Pounds

Invoice RVM146519-1

Delivery Address
 The Ipswich Hospital
 Main Stores
 Woodbridge Road East
 Ipswich
 IP4 5PD

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

Delivery Reference DVM146519-1 Contact kate.griffiths@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	4	55.30	11.06	265.44
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	2	55.30	11.06	132.72
1114007 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	3	55.30	11.06	199.08
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840503241		12.00	2.40	14.40

Total Net: 509.70
 Total Vat: 101.94
 Total: 611.64

Banking details
 Bank Barclays Bank PLC
 Sort Code 20-78-42
 Account Number 00906662
 IBAN GB05BUKB20784200906662
 BIC BUKBGB22
 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.