

Invoice Address  
Liverpool Womens NHSFT  
Liverpool Womens Hospital  
Finance Department  
Crown Street  
L8 7SS

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 01517089988  
Account 00002662  
Customer Reference REPN400024884  
Date 10 Nov 2023  
Tracking Number 1Z9W96386840271251  
Priced In UK Pounds

## Invoice RVM146618-1

Delivery Address  
Liverpool Womens NHSFT  
Receipting and Distribution  
Loading Bay  
Crown Street  
Liverpool  
L8 7SS

CIP Carriage and Insurance Paid To Liverpool Womens Hospital, UK \* Incoterms(r) 2020

Delivery Reference DVM146618-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0021013 Tariff 90181990-00 CoO United States	Posey Sensor Wraps Model 6554 Box of 12	20	11.45	2.29	274.80
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
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840271251		0.00	0.00	0.00

Total Net: 339.60  
Total Vat: 67.92  
Total: 407.52

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.