Invoice Address York and Scarborough Teaching Hospital NHSFT, Finance Dept 1 Finance 230108, Centurian Park Tribune Way, Clifton Moor York **YO30 4RY**

Delivery Address York Hospital Main Stores 230284 Wigginton Road York **YO31 8HE**

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 Company Reg No: 01291765 Eori No: GB287389593000

Purchasing Contact Name Contact Tel 01904631313 00005530 Account **Customer Reference** RCBN400150735

Date 10 Nov 2023

Tracking Number 1Z9W96386840148939

Priced In **UK Pounds**

Invoice RVM146623-1

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

Delivery Reference DVM146623-1 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 - Regu Ref. R300P01 Pack of 20	lar 2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840148939		10.00	2.00	12.00

Total Net: 120.60 Total Vat: 24.12 Total: 144.72

Banking details Bank

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

IBAN BUKBGB22 Terms & conditions https://www.viamed.co.uk/terms

GB05BUKB20784200906662

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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