Invoice Address James Paget University Hospital NHSFT **RGP Payables F985** PO Box 312 Leeds **LS11 1HP**

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
EORI No: GB287389593000



Geraldine Porter Contact Name Contact Tel Account Customer Reference

01493452263 00001910 RGPPAG237353 03 Jan 2024

Date Tracking Number

1Z9W96386878458999

Priced In **UK Pounds**

Delivery Address James Paget University Hospital Main Stores Lowestoft Road Gorleston **Great Yarmouth**

NR31 6LA

Invoice RVM147127-1

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

Delivery Reference DVM147127-1 Contact janine.gill@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
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Prem Ref. R300P02 Pack of 20	ie 3	55.30	11.06	199.08
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878458999		12.00	2.40	14.40

Total Net: 288.50 Total Vat: 57.70 Total: 346.20

Banking details Bank

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

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.

Page 1