Invoice Address
2Gether Support Solutions Ltd
Payments Department, Trust Offices
Kent and Canterbury Hospital
Ethelbert Road
Canterbury
CT1 3NG

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	01233651957
Account	00000150
Customer Reference	40052345
Date	13 Dec 2023
Tracking Number	1Z9W96386878433489
Priced In	UK Pounds

Delivery Address
William Harvey Hospital
Main Stores
Kennington Road
Ashford
TN24 0LZ

Invoice RVM147171-1

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

Delivery Reference DVM147171-1 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	1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878433489		8.00	1.60	9.60

Total Net:	63.30
Total Vat:	12.66
Total:	75.96

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.