Invoice Address
Gloucestershire Hospital NHSFT
Victoria Warehouse
The Docks
Gloucester
GL1 2EL

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	03004222665
Account	00001900
Customer Reference	GSS931308
Date	19 Dec 2023
Tracking Number	1Z9W96386842318840
Priced In	UK Pounds

Delivery Address
Gloucestershire Royal Hospital
Maternity Ward
c/o Distribution Stores
Gloucester
GL1 3NN

Invoice RVM147202-1

CIP Carriage and Insurance Paid To Gloucestershire Royal Hospital, * Incoterms(r) 2020

Delivery Reference DVM147202-1 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	5	55.30	11.06	331.80
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
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842318840		12.00	2.40	14.40

Total Net:	399.10
Total Vat:	79.82
Total:	478.92

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.