Invoice Address Liverpool Womens NHSFT Liverpool Womens Hospital Finance Department **Crown Street** Liverpool **L87SS**

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

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

Procurement Contact Name Contact Tel 01517089988 00002662 Account REPN400025340 Customer Reference Date 21 Dec 2023

Tracking Number 1Z9W96386840078023

Priced In **UK Pounds**



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

Delivery Reference DVM147358-1 Contact janine.gill@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	30	11.45	2.29	412.20
1114007 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	5	55.30	11.06	331.80
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840078023		0.00	0.00	0.00

Total Net: 620.00 Total Vat: 124.00 Total: 744.00

Banking details Bank Sort Code

20-78-42 00906662 Account Number IBAN

GB05BUKB20784200906662 BUKBGB22 Terms & conditions https://www.viamed.co.uk/terms

Barclays Bank PLC

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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