

Invoice Address
 Royal Devon Univ. Healthcare NHST
 Cash Management Department
 Gladstone House
 Gladstone Road
 Exeter
 EX1 2ED

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 01392405406
 Account 00001700
 Customer Reference 30055689
 Date 03 Jan 2024
 Tracking Number 1Z9W96386877911222
 Priced In UK Pounds

Invoice RVM147369-1

Delivery Address
 Royal Devon Univ. Healthcare NHSFT
 Logistics Goods-In Maternity Admin
 Unit A, Kestrel Way
 Sowton Industrial Estate
 Exeter
 Devon
 EX2 7LA

CIP Carriage and Insurance Paid To Royal Devon Univ. Healthcare, UK * Incoterms(r) 2020

Delivery Reference DVM147369-1 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	2	55.30	11.06	132.72
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	1	55.30	11.06	66.36
1114007 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877911222		10.00	2.00	12.00

Total Net: 231.20
 Total Vat: 46.24
 Total: 277.44

Banking details
 Bank Barclays Bank PLC
 Sort Code 20-78-42
 Account Number 00906662
 IBAN GB05BUKB20784200906662
 BIC BUKGB22
 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.