Invoice Address
United Lincolnshire Hospitals NHS Trust
Accounts Payable Department
Greetwell Road
Lincoln
LN2 5QY

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	Purchasing Department
Contact Tel	01522512512
Account	00002610
Customer Reference	U024990
Date	02 Jan 2024
Tracking Number	1Z9W96386878271029
Priced In	UK Pounds

Delivery Address
Lincoln County Hospital
Central Goods Receipt Point
Greetwell Road
Lincoln
LN2 5QY

Invoice RVM147449-1

CIP Carriage and Insurance Paid To Lincoln County Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM147449-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	4	55.30	11.06	265.44
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878271029		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	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.