Invoice Address
Norfolk and Norwich Univ Hospitals NHSFT (REV)
RM1 Payables G105
PO Box 312
Leeds
LS11 1HP

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	01603287461
Account	00003892
Customer Reference	RM1REV977529
Date	02 Jan 2024
Tracking Number	1Z9W96386841575645
Priced In	UK Pounds

Delivery Address
Norfolk and Norwich Univ Hospital
Goods Receiving/Stores
Colney Lane
Norwich
NR4 7UY

Invoice RVM147468-1

CIP Carriage and Insurance Paid To Norfolk And Norwich Hosp, UK * Incoterms(r) 2020

Delivery Reference DVM147468-1 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	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:1Z9W96386841575645		10.00	2.00	12.00

Total Net:	120.60
Total Vat:	24.12
Total:	144.72

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.