**Invoice Address** Manchester University NHS Foundation Trust Trafford General Hospital Accounts Payable - Central Invoices Finance and Proc Business Unit Davyhulme M41 5SL

**Delivery Address** Wythenshawe Hospital Maternity Services Southmoor Road Wythenshawe M23 9LT

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

Company Reg No: 01291765 EORI No: GB287389593000 Contact Name Jeanette Armstrong Contact Tel 01612912019 00003640 Account Customer Reference 000420159 Date 03 Jan 2024

Tracking Number 1Z9W96386878228004

Priced In **UK Pounds** 

## Invoice RVM147477-1

CIP Carriage and Insurance Paid To Wythenshawe Hospital, UK \* Incoterms(r) 2020

## Delivery Reference DVM147477-1 Contact janine.gill@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regu Ref. R300P01 Pack of 20	ılar 1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878228004		8.00	1.60	9.60

**Total Net:** 63.30 Total Vat: 12.66 Total: 75.96

Banking details Bank

Barclays Bank PLC Sort Code 20-78-42 00906662 Account Number

IBAN GB05BUKB20784200906662 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.