Invoice Address Medway NHSFT Finance Dept, Residence 13A Medway Maritime Hospital Windmill Road Gillingham ME7 5NY

Delivery Address Medway Maritime Hospital Hospital Main Store Windmill Road Gillingham ME7 5NY

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 **Procurement Department** Contact Name

Contact Tel 01634833700 00001770 Account 240015096 Customer Reference Date 09 Jan 2024

Tracking Number 1Z9W96386842226252

Priced In **UK Pounds**

Invoice RVM147586-1

CIP Carriage and Insurance Paid To Medway Maritime Hosp, UK * Incoterms(r) 2020

Delivery Reference DVM147586-1 Contact agib.majeed@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 2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842226252		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 00906662 Account Number

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.

