

Invoice Address
Doncaster and Bassetlaw Teaching FT
RP5 Payables F655
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 Sharon Wigglesworth
Contact Tel 01302381432
Account 00001420
Customer Reference 323381665
Date 12 Jan 2024
Tracking Number 1Z9W96386840349285
Priced In UK Pounds

Invoice RVM147636-1

Delivery Address
Doncaster Royal Infirmary
Main Stores, Gate 5
Armthorpe Road
Doncaster
DN2 5LT

CIP Carriage and Insurance Paid To Doncaster Royal Infirmary, UK * Incoterms(r) 2020

Delivery Reference DVM147636-1 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 - Regular Ref. R300P01 Pack of 20	10	55.30	11.06	663.60
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840349285		12.00	2.40	14.40

Total Net: 565.00
Total Vat: 113.00
Total: 678.00

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.