**Invoice Address** Maidstone and Tunbridge Wells NHST Accounts Payable, Finance Department Unit F, Hermitage Court Hermitage Lane Maidstone **ME16 9NT** 

Delivery Address Tunbridge Wells Hospital Neonatal, Green Zone, L2, Main Stores Tonbridge Road Pembury Tunbridge Wells TN2 4QJ

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 EORI No: GB287389593000

**Purchasing Department** Contact Name

01622225329 Contact Tel 0000019 Account 500388112 Customer Reference Date 16 Jan 2024

Tracking Number 1Z9W96386841417253

Priced In **UK Pounds** 

## Invoice RVM147717-1

CIP Carriage and Insurance Paid To Tunbridge Wells Hosp, UK \* Incoterms(r) 2020

## Delivery Reference DVM147717-1 Contact agib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114007 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386841417253		10.00	2.00	12.00

Total Net: 120.60 Total Vat: 24.12 Total: 144.72

Banking details

Barclays Bank PLC Bank 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.

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