

Invoice Address
West Suffolk NHST
Accounts Payable, Finance Dept
West Suffolk Hospital
Hardwick Lane
Bury St Edmunds
IP33 2QZ

Delivery Address
West Suffolk NHS Foundation Trust
Main Stores
Hardwick Lane
Bury St Edmunds
IP33 2QZ

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 Department
Contact Tel 01284712826
Account 00000835
Customer Reference 007007607
Date 25 Jan 2024
Tracking Number 1Z9W96386876367073
Priced In UK Pounds

Invoice RVM147901-1

CIP Carriage and Insurance Paid To West Suffolk NHSFT, UK * Incoterms(r) 2020

Delivery Reference DVM147901-1 Contact sophie.lines@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0021013 Tariff 90181990-00 CoO United States	Posey Sensor Wraps Model 6554 Box of 12	4	11.80	2.36	56.64
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876367073		0.00	0.00	0.00

Total Net: 102.50
Total Vat: 20.50
Total: 123.00

Banking details
Bank Barclays Bank PLC
Sort Code 20-78-42
Account Number 00906662
IBAN GB05BUKB20784200906662
BIC BUKGBB22
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.