

Invoice Address
University Hospitals of Leicester NHST
Leicester Royal Infirmary
Accounts Payable Department
P O Box 189
Leicester
LE1 5WP

Delivery Address
Leicester General Hospital
N.I.C.U. LGH
C/o Receipts and Distribution
Gwendolen Road
Leicester
LE5 4PW

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	Supplies
Contact Tel	03003031573
Account	00002590
Customer Reference	MM149860
Date	05 Feb 2024
Tracking Number	1Z9W96386878700083
Priced In	UK Pounds

Invoice RVM148035-1

CIP Carriage and Insurance Paid To Leicester General Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM148035-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878700083		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
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.