**Invoice Address** University Hospital Birmingham NHSFT **BHST Business Group** PO Box 16967 Edgbaston Birmingham **B16 6TT** 

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 Contact Name

Date

Supplier Viamed Ltd 15 Station Road

Cross Hills

Company Reg No: 01291765 EORI No: GB287389593000 Mohammed Asmul Contact Tel 01214242000 00000490 Account Customer Reference 836705

Tracking Number 1Z9W96386877448279

07 Feb 2024

Priced In **UK Pounds** 

**Delivery Address** University Hospital Birmingham NHSFT T50275 Meteor Park Warehouse Unit 3 Meteor Park Argyle Street Birmingham B7 5TE

## Invoice RVM148140-1

CIP Carriage and Insurance Paid To University Hospital Birmingham, \* Incoterms(r) 2020

## Delivery Reference DVM148140-1 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 - Regu Ref. R300P01 Pack of 20	lar 2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877448279		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.

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