Invoice Address
South Eastern Health and Social Care Trust
Shared Services Payment Centre
P O Box 1043
Ballymena
BT42 9BS

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	Lisa Gray
Contact Tel	02891510124
Account	00001502
Customer Reference	DB206162
Date	12 Feb 2024
Tracking Number	1Z9W96386840896701
Priced In	UK Pounds

Delivery Address
Ulster Hospital
Main Stores
Upper Newtownwards Road
Dundonald
Belfast
BT16 1RH

Invoice RVM148194-1

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

Delivery Reference DVM148194-1 Contact emily.morton@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	1	55.30	11.06	66.36
PPUPS2	UPS Courier Delivery - Standard AWB:1Z9W96386840896701		9.16	1.83	10.99

Total Net:	64.46
Total Vat:	12.89
Total:	77.35

Banking details

Bank	Barclays Bank PLC
Sort Code	20-78-42
Account Number	00906662
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.