

Invoice Address  
 West Suffolk NHST  
 Accounts Payable, Finance Dept  
 West Suffolk Hospital  
 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 007008654  
 Date 13 Feb 2024  
 Tracking Number 1Z9W96386878273527  
 Priced In UK Pounds

## Invoice RVM148228-1

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

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

Delivery Reference DVM148228-1 Contact aqib.majeed@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	3	11.80	2.36	42.48
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:1Z9W96386878273527		0.00	0.00	0.00

Total Net: 90.70  
 Total Vat: 18.14  
 Total: 108.84

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.