**Invoice Address HCA Healthcare UK** Accounts Payable 2 Cavendish Square London W1G 0PU

Delivery Address Portland Hospital Hallam Street (Hospital Rear) Materials Department London W1W 5HG

Supplier Viamed Ltd 15 Station Road Cross Hills

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

Carl Fraser Contact Name 02073908025 Contact Tel 00002939 Account Customer Reference 265439 Date 14 Feb 2024

Tracking Number 1Z9W96386841827015

Priced In **UK Pounds** 

## Invoice RVM148273-1

CIP Carriage and Insurance Paid To The Portland Hospital, UK \* Incoterms(r) 2020

## Delivery Reference DVM148273-1 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 1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard		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 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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