

Invoice Address
Royal Cornwall Hospitals Trust
Accounts Payable, Finance Dept
Carlyon House
Treliske
Truro
Cornwall
TR1 3LJ

Delivery Address
Royal Cornwall Hospital
Wheal Fortune Ward
C/O Stores Controller
Gloweth
Truro
TR1 3LJ

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: Sophy Howard
Contact Tel: 07584223548
Account: 00005140
Customer Reference: 23025397
Date: 19 Feb 2024
Tracking Number: 1Z9W96386842776499
Priced In: UK Pounds

Invoice RVM148326-1

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

Delivery Reference DVM148326-1 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	2	55.30	11.06	132.72
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842776499		10.00	2.00	12.00

Total Net: 231.20
Total Vat: 46.24
Total: 277.44

Banking details
Bank: Barclays Bank PLC
Sort Code: 20-78-42
Account Number: 00906662
IBAN: GB05BUKB20784200906662
BIC: BUKGBB22
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.