

Invoice Address
Manchester University NHS Foundation Trust
Trafford General Hospital
Accounts Payable - Central Invoices
Finance and Proc Business Unit
Davyhulme
M41 5SL

Delivery Address
Wythenshawe Hospital
Maternity Services
Southmoor Road
Wythenshawe
Manchester
M23 9LT

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 Jeanette Armstrong
Contact Tel 01612916341
Account 00003640
Customer Reference 000430410
Date 26 Feb 2024
Tracking Number 1Z9W96386841436125
Priced In UK Pounds

Invoice RVM148467-1

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

Delivery Reference DVM148467-1 Contact kate.griffiths@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	3	55.30	11.06	199.08
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386841436125		10.00	2.00	12.00

Total Net: 175.90
Total Vat: 35.18
Total: 211.08

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.