

Invoice Address
Southampton General Hospital
Finance Department RHM
Tremona Road
Southampton
SO16 6YD

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 UHS Buying Team
Contact Tel 02380777222
Account 00004735
Customer Reference P10322082
Date 29 Feb 2024
Tracking Number 1Z9W96386878514721
Priced In UK Pounds

Invoice RVM148528-1

Delivery Address
Southampton General Hospital
General Stores Level B Centre Block
TK1318 P.A.H. Delivery Suite D Lev
Tremona Road
Southampton
Hampshire
SO16 6YD

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

Delivery Reference DVM148528-1 Contact sophie.lines@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	12	55.30	11.06	796.32
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878514721		12.00	2.40	14.40

Total Net: 675.60
Total Vat: 135.12
Total: 810.72

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.