Invoice Address
Mid Cheshire Hospitals NHSFT
Financial Services Department
Leighton Hospital
Middlewich Road
Crewe
CW1 4QJ

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	Supplies
Contact Tel	01270255141
Account	00001310
Customer Reference	000086864
Date	05 Mar 2024
Tracking Number	1Z9W96386877406797
Priced In	UK Pounds

Delivery Address
Leighton Hospital
Receipts and Distribution
Middlewich Road
Crewe
CW1 4QJ

Invoice RVM148643-1

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

Delivery Reference DVM148643-1 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	1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877406797		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
Account Number	00906662
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.