Invoice Address

Delivery Address Ormskirk District General Hospital

Stores Receipt Centre

Wigan Road Ormskirk

L39 2AZ

Leeds

**LS11 1HP** 

Supplier Viamed Ltd 15 Station Road Cross Hills

Mersey And West Lancashire Teaching Hospital NHS TrustKeighley, West Yorkshire
RBN Payables B225
PO Box 312
Leeds
Cross Hills
TrustKeighley, West Yorkshire
BD20 7DT, United Kingdom
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Email: info@viamed.co.uk
VAT Reg No: GB287389593
Company Reg No: 01291765

Company Reg No: 01291765 EORI No: GB287389593000

Sophie Traynier Contact Name 01704705199 Contact Tel 00003980 Account Customer Reference 135482581 Date 08 Mar 2024

Tracking Number 1Z9W96386842026816

Priced In **UK Pounds** 

Invoice RVM148722-1

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

Delivery Reference DVM148722-1 Contact agib.majeed@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	ılar 1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842026816		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

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.

