

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 P10325517
 Date 02 Apr 2024
 Tracking Number 1Z9W96386878517228
 Priced In UK Pounds

Invoice RVM149098-1

Delivery Address
 Southampton General Hospital
 General Stores Level B Centre Block
 TK1319 9 P.A.H. Neo Natal Unit D Lev
 Tremona Road
 Southampton
 SO16 6YD

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

Delivery Reference DVM149098-1 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	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:1Z9W96386878517228		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 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.