Invoice Address Medway NHSFT Finance Dept, Residence 13A Medway Maritime Hospital Windmill Road Gillingham ME7 5NY

Delivery Address Medway Maritime Hospital Hospital Main Store Windmill Road Gillingham ME7 5NY

Supplier Viamed Ltd 15 Station Road Cross Hills

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

Procurement Department

Contact Tel 01634833700 00001770 Account 250000108 Customer Reference Date 04 Apr 2024

Tracking Number 1Z9W96386877226446

Priced In **UK Pounds**

Invoice RVM149175-1

CIP Carriage and Insurance Paid To Medway Maritime Hosp, UK * Incoterms(r) 2020

Delivery Reference DVM149175-1 Contact agib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Prem Ref. R300P02 Pack of 20	ie 3	55.30	11.06	199.08
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regu Ref. R300P01 Pack of 20	lar 3	55.30	11.06	199.08
1114007 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877226446		12.00	2.40	14.40

Total Net: 399.10 Total Vat: 79.82 Total: 478.92

Banking details Bank Sort Code Account Number IBAN

Barclays Bank PLC 20-78-42 00906662

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.

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