

Invoice Address
Frimley Health NHSFT
Accounts Payable, Greenwood Offices
Heatherwood Hospital
Brook Avenue
Ascot
SL5 7GB

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 Lisa Agyei
Contact Tel 03006134157
Account 00004670
Customer Reference AA002609
Date 10 Apr 2024
Tracking Number 1Z9W96386876701853
Priced In UK Pounds

Invoice RVM149288-1

Delivery Address
Wexham Park Hospital
Main Stores
Wexham Street
Slough
SL2 4HL

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

Delivery Reference DVM149288-1 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	4	55.30	11.06	265.44
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	4	55.30	11.06	265.44
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876701853		12.00	2.40	14.40
				Total Net:	454.40
				Total Vat:	90.88
				Total:	545.28

Banking details
Bank Barclays Bank PLC
Sort Code 20-78-42
Account Number 00906662
IBAN GB05BUKB20784200906662
BIC BUKGBB22
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.