Invoice Address Epsom and St Helier University Hospitals NHST **RVR Payables 7545** PO Box 312 Leeds **LS11 1HP**

15 Station Road Cross Hills
Keighley, West Yorkshire
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Supplier Viamed Ltd

Cross Hills

Procurement Contact Name Contact Tel 02033223912 00001680 Account Customer Reference 249269884 Date

12 Apr 2024 Tracking Number 1Z9W96386841775072

Priced In **UK Pounds**

Delivery Address Epsom General Hospital Receipt and Despatch Dorking Road Epsom KT18 7EG

Invoice RVM149330-1

CIP Carriage and Insurance Paid To Epsom General Hospital * Incoterms(r) 2020

Delivery Reference DVM149330-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
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
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Prem Ref. R300P02 Pack of 20	ie 1	55.30	11.06	66.36
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regu Ref. R300P01 Pack of 20	lar 2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386841775072		10.00	2.00	12.00

Total Net: 231.20 Total Vat: 46.24 Total: 277.44

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.