

Invoice Address  
West Suffolk NHST  
Accounts Payable, Finance Dept  
Hardwick Lane  
Bury St Edmunds  
IP33 2QZ

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 Procurement Department  
Contact Tel 01284712826  
Account 00000835  
Customer Reference 007012555  
Date 12 Apr 2024  
Tracking Number 1Z9W96386840992099  
Priced In UK Pounds

## Invoice RVM149334-1

Delivery Address  
West Suffolk NHS Foundation Trust  
Main Stores  
Hardwick Lane  
Bury St Edmunds  
IP33 2QZ

CIP Carriage and Insurance Paid To West Suffolk NHSFT, UK \* Incoterms(r) 2020

Delivery Reference DVM149334-1 Contact kate.griffiths@viamed.co.uk

| Item Reference                                    | Description   | Quantity | Unit  | Unit Vat | Total |
|---|---|----------|-------|----------|-------|
| 1114005<br>Tariff 9018199000<br>CoO United States | EyeMax 2 Neonatal Phototherapy Mask - Regular<br>Ref. R300P01<br>Pack of 20 | 1        | 55.30 | 11.06    | 66.36 |
| PPUPS1  | UPS Courier Delivery - Standard<br>AWB:1Z9W96386840992099                   |          | 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  
Account Number 00906662  
IBAN GB05BUKB20784200906662  
BIC BUKGB22  
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.