

Invoice Address
Mid and South Essex NHSFT
MSE Group, Financial Services Dept
Unit 12-14 Britannia Park
Comet Way
Southend on Sea
SS2 6GE

Delivery Address
Broomfield Hospital
Goods Receiving Office
Court Road
Broomfield
Chelmsford
CM1 7ET

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
Contact Tel	01702508118
Account	00001045
Customer Reference	LC154531
Date	12 Apr 2024
Tracking Number	1Z9W96386842071017
Priced In	UK Pounds

Invoice RVM149348-1

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

Delivery Reference DVM149348-1 Contact emily.morton@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:1Z9W96386842071017		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 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.