

Invoice Address
North West Anglia NHS FT
RGN Payables 7455
PO Box 312
Leeds
LS11 1HP

Supplier
Viamed Ltd
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Keighley, West Yorkshire
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Company Reg No: 01291765
EORI No: GB287389593000



Contact Name William Mitcham
Contact Tel 01480418744
Account 00004113
Customer Reference 233326191
Date 30 Apr 2024
Tracking Number 1Z9W96386878500343
Priced In UK Pounds

Invoice RVM149659-1

Delivery Address
Peterborough City Hospital
Central Stores
Edith Cavell Campus
Bretton
Peterborough
PE3 9GZ

CIP Carriage and Insurance Paid To Peterborough City Hosp, UK * Incoterms(r) 2020

Delivery Reference DVM149659-1 Contact sophie.lines@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 - Premie Ref. R300P02 Pack of 20	1	55.30	11.06	66.36
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878500343		10.00	2.00	12.00

Total Net: 175.90
Total Vat: 35.18
Total: 211.08

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.