

Invoice Address  
East Suffolk and North Essex  
NHS Foundation Trust  
Finance Department - North Lodge  
Turner Road  
Colchester  
CO4 5JL

Delivery Address  
The Ipswich Hospital  
Main Stores  
Woodbridge Road East  
Ipswich  
IP4 5PD

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	Web Buyer
Contact Tel	01473704463
Account	00002323
Customer Reference	200277229
Date	02 May 2024
Tracking Number	1Z9W96386876794978
Priced In	UK Pounds

## Invoice RVM149717-1

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

Delivery Reference DVM149717-1 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	2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876794978		10.00	2.00	12.00

Total Net:	120.60
Total Vat:	24.12
Total:	144.72

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.