

Invoice Address  
Liverpool Womens NHSFT  
Liverpool Womens Hospital  
Finance Department  
Crown Street  
Liverpool  
L8 7SS

Delivery Address  
Liverpool Womens NHSFT  
Receipting and Distribution  
Loading Bay  
Crown Street  
Liverpool  
L8 7SS

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	01517089988
Account	00002662
Customer Reference	REPN400026806
Date	09 May 2024
Tracking Number	1Z9W96386878885401
Priced In	UK Pounds

## Invoice RVM149831-1

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

Delivery Reference DVM149831-1 Contact aqib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0021013 Tariff 90181990-00 CoO United States	Posey Sensor Wraps Model 6554 Box of 12	30	11.45	2.29	412.20
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 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	2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878885401		0.00	0.00	0.00

Total Net:	509.40
Total Vat:	101.88
Total:	611.28

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.