

Invoice Address  
SWBH BU  
Sandwell and W.Birmingham Hosp NHST  
GF Office 5, Trinity House  
Lyndon  
West Bromwich  
B71 4HJ

Delivery Address  
City Hospital  
Receipts and Distribution  
Dudley Road  
Birmingham  
B18 7QH

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 Emma Jones  
Contact Tel 01215531831  
Account 00000480  
Customer Reference SWBH147663  
Date 10 May 2024  
Tracking Number 1Z9W96386876128492  
Priced In UK Pounds

## Invoice RVM149841-1

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

Delivery Reference DVM149841-1 Contact emily.morton@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	4	55.30	11.06	265.44
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	4	55.30	11.06	265.44
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876128492		12.00	2.40	14.40

Total Net: 454.40  
Total Vat: 90.88  
Total: 545.28

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.