Invoice Address
Mersey and West Lancashire Teaching Hospitals NHS Trust
RBN Payables B225
PO Box 312
Leeds
LS11 1HP

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	Tom Rowe
Contact Tel	01704705199
Account	00002152
Customer Reference	135492460
Date	15 May 2024
Tracking Number	1Z9W96386876376072
Priced In	UK Pounds

Delivery Address
Whiston Hospital
Receipt and Distribution Centre
Stoney Lane Entrance
Prescot
L35 5DR

Invoice RVM149924-1

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

Delivery Reference DVM149924-1 Contact aqib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
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
PPUPS1	UPS Courier Delivery - Standard AWB:1z9w96386876376072		8.00	1.60	9.60

Total Net:	63.30
Total Vat:	12.66
Total:	75.96

Banking details

Bank	Barclays Bank PLC
Sort Code	20-78-42
Account Number	00906662
IBAN	GB05BUKB20784200906662
BIC	BUKBGB22
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.