Invoice Address University Hospitals Bristol NHSFT **UHBWFT Creditor Payment Site** PO Box 3214, Trust HQ Marlborough Street **Bristol** BS1 9JR

Delivery Address St Michaels Hospital Ward 73, Level E SMH - MM Southwell Street **Bristol** BS2 8EG

Supplier Viamed Ltd 15 Station Road Cross Hills

Cross Hills
Keighley, West Yorkshire
BD20 7DT, United Kingdom
Tel: +44 (0) 1535 634542
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Email: info@viamed.co.uk
VAT Reg No: GB287389593
Company Reg No: 01291765 Company Reg No: 01291765 EORI No: GB287389593000

Tracking Number

Procurement Contact Name Contact Tel 01173425324 00000691 Account Customer Reference N880822 Date 17 May 2024

Priced In **UK Pounds**

Invoice RVM149984-1

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

Delivery Reference DVM149984-1 Contact emily.morton@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regu Ref. R300P01 Pack of 20	lar 2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842022132		12.00	2.40	14.40

Total Net: 122.60 Total Vat: 24.52 Total: 147.12

1Z9W96386842022132

Banking details Bank

Barclays Bank PLC Sort Code 20-78-42 00906662 Account Number

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.

