

Invoice Address
South Eastern Health and Social Care Trust
Shared Services Payment Centre
P O Box 1043
Ballymena
BT42 9BS

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 Roisin McIlhone
Contact Tel 02891510124
Account 00001502
Customer Reference DB211035
Date 21 May 2024
Tracking Number 1Z9W96386878214242
Priced In UK Pounds

Invoice RVM150019-1

Delivery Address
Ulster Hospital
Main Stores
Upper Newtownwards Road
Dundonald
Belfast
BT16 1RH

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

Delivery Reference DVM150019-1 Contact kate.griffiths@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
PPUPS2	UPS Courier Delivery - Standard 26 x 24 x 4 cm 1.10 kg AWB:1Z9W96386878214242		9.17	1.83	11.00

Total Net: 64.47
Total Vat: 12.89
Total: 77.36

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.