Invoice Address Inspira d.o.o. Pot na Labar 9 Ljubljana 1000 Slovenia

Supplier Viamed Ltd 15 Station Road Cross Hills 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 Contact Tel

Mateja Cepon 0038641412413

Account Customer Reference Date

CID25631 24-0113 29 May 2024 SI21299285

Tracking Number

Priced In

Vat Number

1Z9W96386877082020

Euros Invoice RVM150123-1 Paid

Delivery Address Inspira d.o.o. Pot na Labar 9 Ljubljana 1000 Slovenia

CIP Carriage and Insurance Paid To Inspira, Slovenia * Incoterms(r) 2020

Delivery Reference DVM150123-1 Contact sophie.lines@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 30	48.40	0.00	1,452.00
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Prem Ref. R300P02 Pack of 20	ie 5	48.40	0.00	242.00
INS	Insurance		16.94	0.00	16.94
PPUPS6	UPS Courier Delivery - Standard 61 x 47 x 25 cm 5.6 kg AWB:1Z9W96386877082020		22.29	0.00	22.29

Total Net: 1,733.23 Total Vat: 0.00 Total: 1,733.23

Banking details Bank Sort Code Account Number IBAN

Barclays Bank 20-78-42 87399700

GB33BUKB20784287399700

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 14 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.