Invoice Address HCA Accounts Payable 2 Cavendish Square London W1G 0PU

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

Supplier Viamed Ltd

Carl Fraser Contact Name 02073908025 Contact Tel 00002939 Account Customer Reference 281302

23 May 2024

Tracking Number 1Z9W96386840537689 Priced In **UK Pounds**

Delivery Address Portland Hospital Hallam Street (Hospital Rear) Materials Department London W1W 5HG

Invoice RVM150128-1

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

Date

Delivery Reference DVM150128-1 Contact emily.morton@viamed.co.uk

| Item Reference | Description | Quantity | Unit | Unit Vat | Total |
|--|--|----------|-------|----------|-------|
| 1114006 Tariff 9018199000 CoO U.S.A. | EyeMax 2 Neonatal Phototherapy Mask - Prem Ref. R300P02 Pack of 20 | ie 1 | 55.30 | 11.06 | 66.36 |
| PPUPS1 | UPS Courier Delivery - Standard AWB:1Z9W96386840537689 | | 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 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.