

Invoice Address
Maidstone and Tunbridge Wells NHST
Accounts Payable, Finance Department
Unit F, Hermitage Court
Hermitage Lane
Maidstone
ME16 9NT

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 Purchasing Department
Contact Tel 01622225329
Account 00000019
Customer Reference 500410004
Date 28 May 2024
Tracking Number 1Z9W96386842419599
Priced In UK Pounds

Invoice RVM150175-1

Delivery Address
Tunbridge Wells Hospital
Green Zone, Level 1, Main Stores
Tonbridge Road
Pembury
Tunbridge Wells
TN2 4QJ

CIP Carriage and Insurance Paid To Tunbridge Wells Hosp, UK * Incoterms(r) 2020

Delivery Reference DVM150175-1 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
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	1	55.30	11.06	66.36
1114007 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842419599		10.00	2.00	12.00

Total Net: 175.90
Total Vat: 35.18
Total: 211.08

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.