

Invoice Address
Nottingham University Hospital
Accounts Payable Section
City Hospital Campus
Hucknall Road
Nottingham
NG5 1PB

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 David Beales
Contact Tel 01159691169
Account 00003910
Customer Reference 200421702
Date 03 Jun 2024
Tracking Number 1Z9W96386842635926
Priced In UK Pounds

Invoice RVM150254-1

Delivery Address
Nottingham University Hospital
City Hospital Campus
City Distribution Hub, Service Road 1
Hucknall Road
Nottingham
NG5 1PB

CIP Carriage and Insurance Paid To Nottingham City Hosp, UK * Incoterms(r) 2020

Delivery Reference DVM150254-1 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	3	55.30	11.06	199.08
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	5	55.30	11.06	331.80
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842635926		12.00	2.40	14.40

Total Net: 454.40
Total Vat: 90.88
Total: 545.28

Banking details
Bank Barclays Bank PLC
Sort Code 20-78-42
Account Number 00906662
IBAN GB05BUKB20784200906662
BIC BUKGBB22
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.