Invoice Address University Hospital Birmingham NHSFT **BHST Business Group** PO Box 16967 Edgbaston Birmingham **B16 6TT**

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

15 Station Road

Jacqueline Morris Contact Name 07496332428 Contact Tel 00000490 Account **Customer Reference** 850664 Date 31 May 2024

Tracking Number 1Z9W96386841558235

Priced In **UK Pounds**

Delivery Address University Hospital Birmingham NHSFT T50275 Meteor Park Warehouse Unit 3 Meteor Park Argyle Street Birmingham B7 5TE

Invoice RVM150269-1

CIP Carriage and Insurance Paid To University Hospital Birmingham, * Incoterms(r) 2020

Delivery Reference DVM150269-1 Contact emily.morton@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 2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386841558235		10.00	2.00	12.00

Total Net: 120.60 Total Vat: 24.12 Total:

144.72

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.

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.

