Invoice Address Atlas BFW Management Ltd Victoria Hospital Accounts Payable Services Home 7 Whinney Heys Road Blackpool FY38NR

Delivery Address Victoria Hospital Neonatal Unit RXLA 310406-XE8670 Maternity Whinney Heys Road Blackpool FY3 8NR

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

Procurement Contact Name Contact Tel 01254733883

00000570 Account Customer Reference RXLA400057481 Date

18 Jun 2024 Tracking Number 1Z9W96386878401736

Priced In **UK Pounds**

Invoice RVM150582-1

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

Delivery Reference DVM150582-1 Contact kate.griffiths@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 1	55.30	11.06	66.36
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
0021013 Tariff 90181990-00 CoO United States	Posey Sensor Wraps Model 6554 Box of 12	5	11.80	2.36	70.80
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878401736		0.00	0.00	0.00

Total Net: 169.60 Total Vat: 33.92 Total: 203.52

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.

