

Invoice Address  
 DSFS Limited  
 c/o Chesterfield Royal Hospital  
 Financial Services Department  
 Top Road, Calow  
 Chesterfield  
 S44 5BL

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 Procurement  
 Contact Tel 01246277271  
 Account 00001170  
 Customer Reference 80095600  
 Date 20 Jun 2024  
 Tracking Number 1Z9W96386877718110  
 Priced In UK Pounds

## Invoice RVM150656-1

Delivery Address  
 Chesterfield Royal Hospital  
 Receipts & Distribution  
 Top Road  
 Calow  
 Chesterfield  
 S44 5BL

CIP Carriage and Insurance Paid To Chesterfield Royal Hosp, UK \* Incoterms(r) 2020

Delivery Reference DVM150656-1 Contact sophie.lines@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	2	55.30	11.06	132.72
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard S/N:1Z9W96386877718110		10.00	2.00	12.00

Total Net: 231.20  
 Total Vat: 46.24  
 Total: 277.44

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.