Invoice Address Kingston Hospital NHS FT RAX Payables F955 PO Box 312 Leeds

LS11 1HP

Delivery Address Kingston Hospital Main Stores Galsworthy Road Kingston upon Thames London KT2 7QB

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 Department Contact Name 02033223912

Contact Tel 00002420 Account 353081145 Customer Reference Date 27 Jun 2024

Tracking Number 1Z9W96386878639463

Priced In **UK Pounds**

Invoice RVM150785-1

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

Delivery Reference DVM150785-1 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 - Regu Ref. R300P01 Pack of 20	lar 2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878639463		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.

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.

