

Invoice Address
University Hospitals Bristol NHSFT
UHBWFT Creditor Payment Site
PO Box 3214 Trust HQ
Marlborough Street
Bristol
BS1 9JR

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	01173425324
Account	00000691
Customer Reference	N966254
Date	28 Jun 2024
Tracking Number	1Z9W96386841344493
Priced In	UK Pounds

Invoice RVM150802-1

Delivery Address
St Michaels Hospital
Ward 76 Level E SMH
Southwell Street
Bristol
BS2 8EG

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

Delivery Reference DVM150802-1 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 - Regular Ref. R300P01 Pack of 20	4	55.30	11.06	265.44
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386841344493		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 BUKGB22
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.