Invoice Address Mid Cheshire Hospitals NHSFT Financial Services Department Leighton Hospital Middlewich Road Crewe CW1 4QJ

Delivery Address Leighton Hospital Receipts and Distribution Middlewich Road Crewe CW1 4QJ

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

Supplies Contact Name 01270255141 Contact Tel 00001310 Account Customer Reference 000091759 Date 04 Jul 2024

Tracking Number 1Z9W96386841022714

Priced In **UK Pounds**

Invoice RVM150863-1

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

Delivery Reference DVM150863-1 Contact kate.griffiths@viamed.co.uk

| Item Reference | Description | Quantity | Unit | Unit Vat | Total |
|--|--|----------|-------|----------|-------|
| 0021013 Tariff 90181990-00 CoO United States | Posey Sensor Wraps Model 6554 Box of 12 | 2 | 12.80 | 2.56 | 30.72 |
| PPUPS6 | UPS Courier Delivery - Standard | | 0.00 | 0.00 | 0.00 |
| 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 |
| PPUPS1 | UPS Courier Delivery - Standard 1Z9W96386841022714 | | 0.00 | 0.00 | 0.00 |

Total Net: 80.90 Total Vat: 16.18 Total: 97.08

Banking details Bank Sort Code Account Number

Barclays Bank PLC 20-78-42 00906662

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.

Page 1