**Invoice Address** University Hospitals Plymouth NHST RK9 Payables 6355 PO Box 312 Leeds **LS11 1HP** 

1Z9W96386842130300

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

Tracking Number

Supplier Viamed Ltd 15 Station Road

Cross Hills

Jennie Clavey 01752432333 Contact Tel 00004127 Account **Customer Reference** 11072494AM Date 16 Jul 2024

Priced In

**UK Pounds** 

Delivery Address Derriford Hospital Neonatal Unit Level 5 Plymouth Devon PL6 8DH

## Invoice RVM151049-1

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

## Delivery Reference DVM151049-1 Contact agib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1134011 Tariff 90181990-00 CoO United States	1134011 Sample Pack. EyeMax 2 For evaluation purposes only, not for clinical us Of no commercial value.	1 e.	0.00	0.00	0.00
1134013	NeoMask Sample Pack Size: L, M	1	0.00	0.00	0.00
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842130300		0.00	0.00	0.00

Total Net: 0.00 Total Vat: 0.00 Total: 0.00

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.