Invoice Address University Hospitals North Midlands C/O ELFS Shared Services PO Box 4418 Unit 2 Swindon SN4 4RW

Viamed Ltd 15 Station Road Cross Hills Cross Hills
Keighley, West Yorkshire
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Tracking Number

Supplier



Nicola Coops Contact Name 01782715444 Contact Tel 00012132 Account Customer Reference N147232 Date 15 Jul 2024

1Z9W96386842902477

Priced In **UK Pounds**

Delivery Address Royal Stoke Hospital Supplies and Procurement Warehouse University Hospitals of North Midlands 578 Newcastle Road Stoke on Trent ST4 6QG

Invoice RVM151088-1

CIP Carriage and Insurance Paid To Royal Stoke Uni Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM151088-1 Contact emily.morton@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 5	55.30	11.06	331.80
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Prem Ref. R300P02 Pack of 20	ie 5	55.30	11.06	331.80
1114007 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	5	55.30	11.06	331.80
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842902477		12.00	2.40	14.40

Total Net: 841.50 Total Vat: 168.30 Total: 1,009.80

Banking details Bank Sort Code Account Number

IBAN

Barclays Bank PLC 20-78-42 00906662 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.