

Invoice Address
Royal Cornwall Hospitals Trust
Accounts Payable Finance Dept
Carlyon House
Treliske
Truro
TR1 3LJ

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 Michelle Smith
Contact Tel 07584223565
Account 00005140
Customer Reference 24009136
Date 23 Jul 2024
Tracking Number 1Z9W96386842555192
Priced In UK Pounds

Invoice RVM151222-1

Delivery Address
Royal Cornwall Hospital
Wheal Fortune Ward
C/O Stores Controller
Gloweth
Truro
TR1 3LJ

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

Delivery Reference DVM151222-1 Contact

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	2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842555192		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
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.