

Invoice Address
Worcestershire Acute Hospitals NHST
RWP Payables 6485
PO Box 312
Leeds
LS11 1HP

Supplier
Viamed Ltd
15 Station Road
Cross Hills
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Company Reg No: 01291765
EORI No: GB287389593000



Contact Name Darcy Lane
Contact Tel 01905763333
Account 00005445
Customer Reference 305591104
Date 30 Jul 2024
Tracking Number 1Z9W96386876889269
Priced In UK Pounds

Delivery Address
Worcestershire Royal Hospital
Loading Bay
Charles Hastings Way
Worcester
WR5 1DD

Invoice RVM151353-1

CIP Carriage and Insurance Paid To Worcestershire Royal Hosp, UK * Incoterms(r) 2020

Delivery Reference DVM151353-1 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	2	55.30	11.06	132.72
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876889269		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 BUKGBB22
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.