Invoice Address Princess Alexandra Hosp Trust **RQW Payables G145** PO Box 312 Leeds **LS11 1HP**

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



Procurement Contact Name Contact Tel 01279827951 00002079 Account Customer Reference 362012748 Date 01 Aug 2024

1Z9W96386840362233 Tracking Number

Priced In **UK Pounds**

Delivery Address Princess Alexandra Hospital Main Stores Hamstel Road Harlow CM20 1QX

Invoice RVM151413-1

CIP Carriage and Insurance Paid To Princess Alexandra Hosp, Essex * Incoterms(r) 2020

Delivery Reference DVM151413-1 Contact agib.majeed@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 1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840362233		8.00	1.60	9.60

Total Net: 63.30 Total Vat: 12.66 Total: 75.96

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.

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.

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