

Invoice Address
Norfolk and Norwich Univ Hospitals NHSFT (REV)
RM1 Payable G105
PO Box 312
Leeds
LS11 1HP

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



Contact Name Procurement Department
Contact Tel 01603288272
Account 00003890
Customer Reference 358006266
Date 08 Aug 2024
Tracking Number 1Z9W96386841887746
Priced In UK Pounds

Delivery Address
Norfolk and Norwich Univ Hospital
Goods Receiving/Stores
Colney Lane
Norwich
NR4 7UY

Invoice RVM151554-1

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

Delivery Reference DVM151554-1 Contact aqib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	1	55.30	11.06	66.36
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386841887746		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.