

Invoice Address
 University Hospitals of Leicester NHST
 Leicester Royal Infirmary
 Accounts Payable Department
 P O Box 189
 Leicester
 LE1 5WP

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 Catherine Varney
 Contact Tel 03003031573
 Account 00002600
 Customer Reference LR734526
 Date 08 Aug 2024
 Tracking Number 1Z9W96386840347554
 Priced In UK Pounds

Invoice RVM151555-1

Delivery Address
 Leicester Royal Infirmary
 NNU LV2 Kensington BLD LRI
 C/O Delivery Bay
 Gateway Street
 Leicester
 LE1 5WW

CIP Carriage and Insurance Paid To Leicester Royal Infirmary, UK * Incoterms(r) 2020

Delivery Reference DVM151555-1 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	4	55.30	11.06	265.44
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840347554		12.00	2.40	14.40

Total Net: 233.20
 Total Vat: 46.64
 Total: 279.84

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.