

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 24010550  
Date 12 Aug 2024  
Tracking Number 1Z9W96386842718337  
Priced In UK Pounds

## Invoice RVM151584-1

Delivery Address  
Royal Cornwall Hospitals Trust  
Neonatal Unit C/O Stores Controller  
Treliske  
Gloweth  
Truro  
TR1 3LJ

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

Delivery Reference DVM151584-1 Contact aqib.majeed@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	1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard		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  
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.