

Invoice Address  
University Hospitals of Derby And  
Burton NHSFT Accounts Payable  
The House Queens Hospital  
Belvedere Road  
Burton-on-Trent  
DE13 0RB

Delivery Address  
Queens Hospital  
Ward 1 (Childrens)  
C/O Receipt and Distribution  
Belvedere Road  
Burton-On-Trent  
DE13 0RB

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 Sharron Evans  
Contact Tel 01283511511  
Account 00000790  
Customer Reference 640161118  
Date 14 Aug 2024  
Tracking Number 1Z9W96386842784202  
Priced In UK Pounds

## Invoice RVM151651-1

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

Delivery Reference DVM151651-1 Contact emily.morton@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
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842784202		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.