Invoice Address West Herts Hospitals NHS Trust Finance Department Willow House Vicarage Road Watford **WD18 0HB**

Delivery Address Watford General Hospital Receipt and Delivery Point - WGH NB Access Via Vicarage Road Only Vicarage Road Watford **WD19 0HB**

PPUPS1

Delivery Reference DVM151659-1 Contact

UPS Courier Delivery - Standard

AWB:1Z9W96386842964517

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

Tracking Number

10.00

Procurement Contact Name Contact Tel 01707356169 00005260 Account 990134429 Customer Reference Date 16 Aug 2024

Priced In **UK Pounds**

Invoice RVM151659-1

2.00

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

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	ılar 2	55.30	11.06	132.72

Total Net: 120.60 Total Vat: 24.12

> Total: 144.72

12.00

1Z9W96386842964517

Banking details

Barclays Bank PLC Bank 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.

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.

