Invoice Address RVJ Payables 6345 PO Box 312 Leeds

North Bristol NHS Trust **LS11 1HP**



Cross Hills
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Supplier Viamed Ltd 15 Station Road

Cross Hills

Procurement Contact Name 01179505050 Contact Tel 00000740 Account Customer Reference L215596 Date 22 Aug 2024

1Z9W96386877259741 Tracking Number

Priced In **UK Pounds**

Delivery Address Southmead Hospital NBT Receipt and Distribution Brunel Building **Dorian Way** Westbury on Trym BS10 5NB

Invoice RVM151782-1

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

Delivery Reference DVM151782-1 Contact agib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114007 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard AWB;1Z9W96386877259741		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 00906662 Account Number

IBAN GB05BUKB20784200906662

BIC BUKBGB22
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.