**Invoice Address** University Hospitals North Midlands C/O ELFS Shared Services PO Box 4418 Unit 2 Swindon SN4 4RW

15 Station Road Cross Hills Cross Hills
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Supplier Viamed Ltd

Samantha Stride Contact Name Contact Tel 01782715444 00012132 Account Customer Reference N149239 Date 28 Aug 2024

1Z9W96386878465516 Tracking Number

Priced In **UK Pounds** 

Delivery Address Royal Stoke Hospital Supplies and Procurement Warehouse University Hospitals of North Midlands 578 Newcastle Road Stoke on Trent ST4 6QG

## Invoice RVM151864-1

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

## Delivery Reference DVM151864-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regula Ref. R300P01 Pack of 20	ar 1	55.30	11.06	66.36
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	e 1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878465516		10.00	2.00	12.00

Total Net: 120.60 Total Vat: 24.12 Total: 144.72

Banking details Bank

Barclays Bank PLC Sort Code 20-78-42 Account Number

IBAN BIC BUKBGB22 Terms & conditions https://www.viamed.co.uk/terms

00906662 GB05BUKB20784200906662 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.

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