

Invoice Address  
Healthcare Partners Ltd  
MA2 Payables F755  
PO Box 312  
Leeds  
LS11 1HP

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 Procurement  
Contact Tel 01483571122  
Account 00002021  
Customer Reference 333201180  
Date 29 Aug 2024  
Tracking Number 1Z9W96386876487523  
Priced In UK Pounds

## Invoice RVM151891-1

Delivery Address  
Royal Surrey County Hospital  
Receipt and Distribution  
Egerton Road  
Guildford  
GU2 7XX

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

Delivery Reference DVM151891-1 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 - Regular Ref. R300P01 Pack of 20	2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876487523		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 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.