Invoice Address Buckinghamshire Healthcare NHS Trust Accounts Payable Dept Amersham Hospital Whielden Street Amersham HP7 0JD

Delivery Address Stoke Mandeville Hospital Maternity - Rothschild Ward General Stores Entrance 2 Mandeville Road Aylesbury

HP21 8AL

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

Procurement Contact Name Contact Tel 01296315000 00000200 Account Customer Reference E412593 Date 30 Aug 2024

Priced In **UK Pounds**

Invoice RVM151935-1

CIP Carriage and Insurance Paid To Stoke Mandeville Hosp, UK * Incoterms(r) 2020

Delivery Reference DVM151935-1 Contact emily.morton@viamed.co.uk

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	lar 3	55.30	11.06	199.08
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Prem Ref. R300P02 Pack of 20	ie 2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840632674		12.00	2.40	14.40

Total Net: 288.50 Total Vat: 57.70 Total: 346.20

1Z9W96386840632674

Banking details Bank Sort Code

20-78-42 00906662 Account Number IBAN GB05BUKB20784200906662 BUKBGB22 Terms & conditions https://www.viamed.co.uk/terms

Barclays Bank PLC

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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