Invoice Address Dudley Group NHS FT Finance Department **Trust Headquarters** Russells Hall Hospital Dudley DY1 2HQ

Delivery Address Russells Hall Hospital The Dudley Group NHS FT Procurement Department Dudley DY12HQ

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

Hansa Patel Contact Name Contact Tel 01384244329 00001465 Account 220048136 Customer Reference Date 03 Sep 2024

1Z9W96386841445437 Tracking Number

Priced In **UK Pounds**

Invoice RVM151983-1

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

Delivery Reference DVM151983-1 Contact agib.majeed@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 | ılar 5 | 55.30 | 11.06 | 331.80 |
| 1114006 Tariff 9018199000 CoO U.S.A. | EyeMax 2 Neonatal Phototherapy Mask - Prem Ref. R300P02 Pack of 20 | nie 2 | 55.30 | 11.06 | 132.72 |
| PPUPS1 | UPS Courier Delivery - Standard AWB:1Z9W96386841445437 | | 12.00 | 2.40 | 14.40 |

Total Net: 399.10 Total Vat: 79.82 478.92 Total:

Banking details Bank Sort Code

20-78-42 00906662 Account Number IBAN GB05BUKB20784200906662 BIC 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.