

Invoice Address
 2Gether Support Solutions Ltd
 Payments Department Trust Offices
 Kent and Canterbury Hospital
 Ethelbert Road
 Canterbury
 CT1 3NG

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 01233651957
 Account 00000150
 Customer Reference 40062700
 Date 04 Sep 2024
 Tracking Number 1Z9W96386841159916
 Priced In UK Pounds

Invoice RVM152017-1

Delivery Address
 William Harvey Hospital
 Main Stores
 Kennington Road
 Ashford
 TN24 0LZ

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

Delivery Reference DVM152017-1 Contact emily.morton@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386841159916		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
 Account Number 00906662
 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.