

Invoice Address
 Frimley Health NHSFT
 Accounts Payable, Greenwood Offices
 Heatherwood Hospital
 Brook Avenue
 Ascot
 SL5 7GB

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 Lisa Agyei
 Contact Tel 03006134157
 Account 00004670
 Customer Reference AA048012
 Date 06 Sep 2024
 Tracking Number 1Z9W96386842196295
 Priced In UK Pounds

Invoice RVM152063-1

Delivery Address
 Wexham Park Hospital
 Main Stores
 Wexham Street
 Slough
 SL2 4HL

CIP Carriage and Insurance Paid To Wexham Park Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM152063-1 Contact kate.griffiths@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	6	55.30	11.06	398.16
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	6	55.30	11.06	398.16
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842196295		12.00	2.40	14.40

Total Net: 675.60
 Total Vat: 135.12
 Total: 810.72

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.