Invoice Address Bedfordshire Hospitals NHS Trust Accounts Payable Luton and Dunstable Hospital Lewsey Road Luton LU4 0DZ

Delivery Address Luton and Dunstable Hospital Goods Yard (Main Stores) Ward 33 Nursery Maternity 2nd Floor Lewsey Road Luton LU4 0DZ

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

Procurement Department Contact Name

Contact Tel 01234730338 00003490 Account Customer Reference 30135599 Date 12 Sep 2024

Tracking Number 1Z9W96386842781134

Priced In **UK Pounds**

Invoice RVM152172-1

CIP Carriage and Insurance Paid To Luton And Dunstable Hosp, UK * Incoterms(r) 2020

Delivery Reference DVM152172-1 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 - Regu Ref. R300P01 Pack of 20 | lar 2 | 55.30 | 11.06 | 132.72 |
| 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:1Z9W96386842781134 | | 10.00 | 2.00 | 12.00 |

Total Net: 231.20 Total Vat: 46.24 Total: 277.44

Banking details Bank

Barclays Bank PLC Sort Code 20-78-42 00906662 Account Number

IBAN GB05BUKB20784200906662 BUKBGB22 Terms & conditions https://www.viamed.co.uk/terms

Terms: Net 30 days from date of invoice.

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.