Invoice Address University Hospitals Birmingham **BHST Business Group** PO Box 16967 Edgbaston Birmingham **B16 6TT**

Delivery Address Good Hope Hospital T56500 Central Stores Rectory Road Sutton Coldfield B75 7RR

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

Stacey Lowry Contact Name 01214247775 Contact Tel 00000517 Account Customer Reference 863752 Date 16 Sep 2024

1Z9W96386842796431 Tracking Number

Priced In **UK Pounds**

Invoice RVM152215-1

CIP Carriage and Insurance Paid To Good Hope Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM152215-1 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 2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842796431		10.00	2.00	12.00

Total Net: 120.60 Total Vat: 24.12 Total:

144.72

Banking details

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

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.

Bank

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