**Invoice Address Hull University Teaching Hospitals** C/O ELFS Business Services PO Box 4418 Unit 2 Swindon SN4 4RW

**Delivery Address** Hull Royal Infirmary **HUTH Goods Inward** Fountain Street Anlaby Road Hull HU3 2JZ

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 Company Reg No: 01291765 EORI No: GB287389593000

Supplies Department Contact Name 01482608783 Contact Tel 00002265 Account **Customer Reference** RWA242235

Date 18 Sep 2024 Tracking Number 1Z9W96386878307866

Priced In **UK Pounds** 

## Invoice RVM152258-1

CIP Carriage and Insurance Paid To Hull Royal Infirmary, UK \* Incoterms(r) 2020

## Delivery Reference DVM152258-1 Contact agib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
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
1114007 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878307866		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

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.

