Invoice Address North Bristol NHS Trust **RVJ Payables 6345** PO Box 312 Leeds **LS11 1HP**

Delivery Address Southmead Hospital NBT Receipt and Distribution Brunel Building **Dorian Way**

Westbury on Trym BS10 5NB

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

BWPC Orders Contact Name 01173429411 Contact Tel 00000740 Account **Customer Reference** L262744 Date 19 Sep 2024

1Z9W96386878149706 **Tracking Number**

Priced In **UK Pounds**

Invoice RVM152300-1

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

Delivery Reference DVM152300-1 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 1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878149706		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 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.

