Invoice Address Royal United Hospitals Bath NHSFT Accounts Payable **Building E8** Combe Park Bath BA1 3NG

Delivery Address Royal United Hospitals Bath NHS FT Supplies and Distribution Department Combe Park

Bath BA1 3NG

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 Contact Name Contact Tel 01225428331 00000350 Account Customer Reference 1498620

Tracking Number 1Z9W96386877444460

24 Sep 2024

Priced In **UK Pounds**

Invoice RVM152360-1

CIP Carriage and Insurance Paid To Royal United Hosp Bath, UK * Incoterms(r) 2020

Date

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
1114007 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	1	55.30	11.06	66.36
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regu Ref. R300P01 Pack of 20	lar 1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877444460		10.00	2.00	12.00

Delivery Reference DVM152360-1 Contact kate.griffiths@viamed.co.uk

Total Net: 175.90 Total Vat: 35.18 Total: 211.08

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.

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.

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