

Invoice Address  
North West Anglia NHS FT  
RGN Payables 7455  
PO Box 312  
Leeds  
LS11 1HP

Delivery Address  
Peterborough City Hospital  
Central Stores  
Edith Cavell Campus  
Bretton  
Peterborough  
PE3 9GZ

Supplier  
Viamed Ltd  
15 Station Road  
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



Contact Name Sharon Skeels  
Contact Tel 01480418769  
Account 00004113  
Customer Reference 233340045  
Date 08 Oct 2024  
Tracking Number 1Z9W96386878694260  
Priced In UK Pounds

## Invoice RVM152646-1

CIP Carriage and Insurance Paid To Peterborough City Hosp, UK \* Incoterms(r) 2020

Delivery Reference DVM152646-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	1	55.30	11.06	66.36
0021013 Tariff 90181990-00 CoO United States	Posey Sensor Wraps Model 6554 Box of 12	12	11.45	2.29	164.88
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878694260		0.00	0.00	0.00

Total Net: 192.70  
Total Vat: 38.54  
Total: 231.24

Banking details  
Bank Barclays Bank PLC  
Sort Code 20-78-42  
Account Number 00906662  
IBAN GB05BUKB20784200906662  
BIC BUKGBB22  
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.