

Invoice Address  
Northern Lincolnshire and Goole NHSFT  
C/O ELFS Shared Services  
PO Box 4418 Unit 2  
Swindon  
SN4 4RW

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	Purchasing
Contact Tel	03033306757
Account	00001995
Customer Reference	MM24520
Date	09 Oct 2024
Tracking Number	1Z9W96386876462568
Priced In	UK Pounds

## Invoice RVM152688-1

Delivery Address  
Diana Princess of Wales Hospital  
DPOW Receipt and Distribution  
Scarcho Road  
Grimsby  
DN33 2BA

CIP Carriage and Insurance Paid To Diana POW Hospital, UK \* Incoterms(r) 2020

Delivery Reference DVM152688-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876462568		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  
Account Number 00906662  
IBAN GB05BUKB20784200906662  
BIC BUKGB22  
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.