

Invoice Address  
York and Scarborough Teaching Hospitals  
NHSFT, Finance Department 230108  
Tribune House, Centurian Park  
Tribune Way, Clifton Moor  
York  
YO30 4RY

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 Christine Hall  
Contact Tel 01723368111  
Account 00004490  
Customer Reference RCBN400173098  
Date 11 Oct 2024  
Tracking Number 1Z9W96386841027773  
Priced In UK Pounds

## Invoice RVM152757-1

Delivery Address  
Scarborough Hospital  
Central Stores 234213  
Scalby Road  
Scarborough  
YO12 6QL

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

Delivery Reference DVM152757-1 Contact sophie.lines@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:1Z9W96386841027773		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 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.