

Invoice Address
Epsom and St Helier University Hospital
RVR Payables 7545
PO Box 312
Leeds
LS11 1HP

Supplier
Viamed Ltd
15 Station Road
Cross Hills
Keighley, West Yorkshire
BD20 7DT, United Kingdom
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Company Reg No: 01291765
EORI No: GB287389593000



Contact Name Steve Baker
Contact Tel 02082962000
Account 00001020
Customer Reference 249281926
Date 11 Oct 2024
Tracking Number 1Z9W96386840952793
Priced In UK Pounds

Invoice RVM152759-1

Delivery Address
St Helier Hospital
Receipt and Despatch
Wrythe Lane
Carlshilton
SM5 1AA

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

Delivery Reference DVM152759-1 Contact emily.morton@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114007 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	2	55.30	11.06	132.72
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	2	55.30	11.06	132.72
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840952793		12.00	2.40	14.40

Total Net: 343.80
Total Vat: 68.76
Total: 412.56

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.