

Invoice Address
Norfolk and Norwich UH FT
RM1 Payables G105
PO Box 312
Leeds
LS11 1HP

Delivery Address
Norfolk and Norwich Uni Hospital
RM1 Buxton Ward WV4997
Colney Lane
Norwich
NR4 7UY

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 Junior Buyer
Contact Tel 01603286120
Account 00003890
Customer Reference 358008715
Date 14 Oct 2024
Tracking Number 1Z9W96386840322339
Priced In UK Pounds

Invoice RVM152775-1

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

Delivery Reference DVM152775-1 Contact kate.griffiths@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	1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840322339		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.