

Invoice Address  
SWBH BU Sandwell and West  
Birmingham Hospitals NHST  
GF Office 5 Trinity House  
Lyndon  
West Bromwich  
B71 4HJ

Delivery Address  
Midland Metropolitan University  
Hospital R And D  
London Street Off Grove Lane  
Smethwick  
Sandwell  
B66 2QT

Supplier  
Viamed Ltd  
15 Station Road  
Cross Hills  
Keighley, West Yorkshire  
BD20 7DT, United Kingdom  
Tel: +44 (0) 1535 634542  
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Email: info@viamed.co.uk  
VAT Reg No: GB287389593  
Company Reg No: 01291765  
EORI No: GB287389593000



Contact Name Olivia Rochelle  
Contact Tel 01215543801  
Account 00000480  
Customer Reference SWBH158349  
Date 16 Oct 2024  
Tracking Number 1Z9W96386878863756  
Priced In UK Pounds

## Invoice RVM152800-1

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

Delivery Reference DVM152800-1 Contact aqib.majeed@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	6	55.30	11.06	398.16
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	6	55.30	11.06	398.16
0021014 Tariff 90181990-00 CoO United States	Posey Sensor Wraps Model 6554 case of 48 boxes	2	496.50	99.30	1,191.60
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878863756		0.00	0.00	0.00

Total Net: 1,656.60  
Total Vat: 331.32  
Total: 1,987.92

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.