

Invoice Address  
Mersey and West Lancashire Teaching  
Hospitals NHS Trust  
RBN Payables B225  
PO Box 312  
Leeds  
LS11 1HP

Delivery Address  
Whiston Hospital  
Receipt and Distribution Centre  
Stoney Lane Entrance  
Prescot  
L35 5DR

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 Rebecca Mccue  
Contact Tel 01514261600  
Account 00002152  
Customer Reference 135515705  
Date 22 Oct 2024  
Tracking Number 1Z9W96386877759666  
Priced In UK Pounds

## Invoice RVM152921-1

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

Delivery Reference DVM152921-1 Contact aqib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877759666		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.