Invoice Address University Hospitals Sussex NHSFT Accounts Payable Financial Accounts Brighton General Hospital Top Floor Elm Grove **Brighton**

Delivery Address St Richards Hospital Main Stores Spitalfield Lane Chichester PO19 6SE

BN2 3EW

Supplier Viamed Ltd 15 Station Road Cross Hills

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 Company Reg No: 01291765 EORI No: GB287389593000

Procurement Department Contact Name

Contact Tel 01243788122 00001195 Account 342074073 Customer Reference Date 22 Oct 2024

Tracking Number 1Z9W96386877256351

Priced In **UK Pounds**

Invoice RVM152930-1

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

Delivery Reference DVM152930-1 Contact agib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regu Ref. R300P01 Pack of 20	ılar 1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877256351		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 00906662 Account Number

IBAN

GB05BUKB20784200906662 BUKBGB22 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.

