

Invoice Address  
West Suffolk NHSFT  
Finance Dep - Accounts Payable  
Hardwick Lane  
Bury St Edmunds  
IP33 2QZ

Delivery Address  
West Suffolk NHS Foundation Trust  
Main Stores  
Hardwick Lane  
Bury St Edmunds  
IP33 2QZ

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 Procurement Department  
Contact Tel 01284712826  
Account 00000835  
Customer Reference 007023341  
Date 25 Oct 2024  
Tracking Number 1Z9W96386878267132  
Priced In UK Pounds

## Invoice RVM153002-1

CIP Carriage and Insurance Paid To West Suffolk NHSFT, UK \* Incoterms(r) 2020

Delivery Reference DVM153002-1 Contact kate.griffiths@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;1Z9W96386878267132		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.