

Invoice Address
Dorset County Hospital
NHS Foundation Trust
Williams Avenue
Dorchester
DT1 2JY

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 Supplies
Contact Tel 01305251150
Account 00001430
Customer Reference MM35597
Date 05 Nov 2024
Tracking Number 1Z9W96386876368965
Priced In UK Pounds

Invoice RVM153172-1

Delivery Address
Dorset County Hospital
DCHSTORE
Damers Road
Dorchester
DT1 2JY

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

Delivery Reference DVM153172-1 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:1Z9W96386876368965		8.00	1.60	9.60

Total Net: 63.30
Total Vat: 12.66
Total: 75.96

Banking details
Bank
Sort Code
Account Number
IBAN
BIC

Barclays Bank PLC
20-78-42
00906662
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.