Invoice Address
Northern Lincolnshire and Goole NHSFT
C/O ELFS Shared Services
PO Box 4418 Unit 2
Swindon
SN4 4RW

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	Purchasing
Contact Tel	03033306757
Account	00001995
Customer Reference	MM25503
Date	20 Nov 2024
Tracking Number	1Z9W96386877507740
Priced In	UK Pounds

Delivery Address
Diana Princess of Wales Hospital
DPOW Receipt and Distribution
Scartho Road
Grimsby
DN33 2BA

Invoice RVM153484-1

CIP Carriage and Insurance Paid To Diana POW Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM153484-1 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:1Z9W96386877507740		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	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.