

Invoice Address
 University Hospitals of Leicester NHST
 Leicester Royal Infirmary
 Accounts Payable Department
 P O Box 189
 Leicester
 LE1 5WP

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: 03003031573
 Account: 00002600
 Customer Reference: MM159607
 Date: 21 Nov 2024
 Tracking Number: 1Z9W96386876445210
 Priced In: UK Pounds

Invoice RVM153489-1

Delivery Address
 Leicester Royal Infirmary
 Ward 6 Kensington
 C/O Materials Handling Unit
 Gate 9 Havelock Street
 Leicester
 LE2 7HA

CIP Carriage and Insurance Paid To Leicester Royal Infirmary, UK * Incoterms(r) 2020

Delivery Reference DVM153489-1 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 |
| 1114005 Tariff 9018199000 CoO United States | EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20 | 1 | 55.30 | 11.06 | 66.36 |
| PPUPS1 | UPS Courier Delivery - Standard AWB:1Z9W96386876445210 | | 10.00 | 2.00 | 12.00 |

Total Net: 120.60
 Total Vat: 24.12
 Total: 144.72

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.