Invoice Address James Paget University Hospital NHSFT **RGP Payables F985** PO Box 312 Leeds **LS11 1HP**



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EORI No: GB287389593000 Contact Name Claire Latham Contact Tel 01493452452 00001910 Account Customer Reference 356009838 Date 25 Nov 2024

Tracking Number 1Z9W96386842671593

Priced In **UK Pounds**

Delivery Address James Paget University Hospital Main Stores Lowestoft Road Gorleston **Great Yarmouth**

NR31 6LA

Invoice RVM153546-1

CIP Carriage and Insurance Paid To James Paget Hospital, UK * Incoterms(r) 2020

Supplier Viamed Ltd 15 Station Road

Cross Hills

Delivery Reference DVM153546-1 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	lar 2	55.30	11.06	132.72
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Prem Ref. R300P02 Pack of 20	ie 2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842671593		10.00	2.00	12.00

Total Net: 231.20 Total Vat: 46.24 Total: 277.44

Banking details Bank

Barclays Bank PLC Sort Code 20-78-42 00906662 Account Number

IBAN BIC BUKBGB22
Terms & conditions https://www.viamed.co.uk/terms

GB05BUKB20784200906662

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.

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