Invoice Address
SWBH BU Sandwell and West
Birmingham Hospitals NHST
SF Office 14 Trinity House
Lyndon
West Bromwich
B71 4HJ

Supplier
Viamed Ltd
15 Station Road
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Keighley, West Yorkshire
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Company Reg No: 01291765
EORI No: GB287389593000

Contact Name	Olivia Rochelle
Contact Tel	01215543801
Account	00000480
Customer Reference	SWBH161170
Date	26 Nov 2024
Tracking Number	1Z9W96386842320775
Priced In	UK Pounds

Delivery Address
Midland Metropolitan University
Hospital R And D
London Street Off Grove Lane
Smethwick
Sandwell
B66 2QT

Invoice RVM153590-1

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

Delivery Reference DVM153590-1 Contact sophie.lines@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	3	55.30	11.06	199.08
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	3	55.30	11.06	199.08
1114007 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	3	55.30	11.06	199.08
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842320775		12.00	2.40	14.40

Total Net:	509.70
Total Vat:	101.94
Total:	611.64

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.