

Invoice Address  
DSFS Limited c/o Chesterfield  
Royal Hospital Financial Services Dept  
Top Road  
Calow  
Chesterfield  
S44 5BL

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 Department  
Contact Tel: 01246277271  
Account: 00001170  
Customer Reference: 80102281  
Date: 27 Nov 2024  
Tracking Number: 1Z9W96386876178983  
Priced In: UK Pounds

## Invoice RVM153625-1

Delivery Address  
Chesterfield Royal Hospital  
Receipts & Distribution  
Top Road  
Calow  
Chesterfield  
S44 5BL

CIP Carriage and Insurance Paid To Chesterfield Royal Hosp, UK \* Incoterms(r) 2020

Delivery Reference DVM153625-1 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	2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876178983		12.00	2.40	14.40

Total Net: 288.50  
Total Vat: 57.70  
Total: 346.20

Banking details  
Bank: Barclays Bank PLC  
Sort Code: 20-78-42  
Account Number: 00906662  
IBAN: GB05BUKB20784200906662  
BIC: BUKGBB22  
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.