

Invoice Address  
Nottingham University Hospital  
Accounts Payable Section  
City Hospital Campus  
Hucknall Road  
Nottingham  
NG5 1PB

Delivery Address  
Nottingham University Hospital  
Receipt and Distribution Unit  
Queens Medical Centre Campus  
Derby Road  
Nottingham  
NG7 2UH

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 Samariah Razaq  
Contact Tel 01159691169  
Account 00003930  
Customer Reference 202008106  
Date 29 Nov 2024  
Tracking Number 1Z9W96386877508801  
Priced In UK Pounds

## Invoice RVM153654-1

CIP Carriage and Insurance Paid To Nottingham Uni Hospital, UK \* Incoterms(r) 2020

Delivery Reference DVM153654-1 Contact sophie.lines@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	2	55.30	11.06	132.72
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877508801		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  
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.