**Invoice Address** University Hospitals of Leicester NHST Leicester Royal Infirmary Accounts Payable Department P O Box 189 Leicester LE15WP

**Delivery Address** Leicester Royal Infirmary NNU Basement Stock LRI C/O Materials Handling Unit Gate 9 Havelock Street Leicester LE2 7HA

Supplier Viamed Ltd 15 Station Road Cross Hills

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

Tracking Number

**Procurement** Contact Name Contact Tel 03003031573 00002600 Account Customer Reference MM160559 Date 05 Dec 2024

Priced In **UK Pounds** 

## Invoice RVM153742-1

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

## Delivery Reference DVM153742-1 Contact

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0021014 Tariff 90181990-00 CoO United States	Posey Sensor Wraps Model 6554 case of 48 boxes	1	496.50	99.30	595.80
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877696528		0.00	0.00	0.00

Total Net: 496.50 Total Vat: 99.30 Total: 595.80

1Z9W96386877696528

Banking details

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

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.

