**Invoice Address** Birmingham Womens and Childrens NHSFT RQ3 Payables 7405 P O Box 312 Leeds **LS11 1HP** 

Supplier Viamed Ltd 15 Station Road Cross Hills Cross Hills
Keighley, West Yorkshire
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EORI No: GB287389593000



Contact Name

Lorraine Cumberlidge

Contact Tel 01213716030 00000470 Account 227259960 Customer Reference Date 05 Dec 2024

1Z9W96386876912456

Tracking Number Priced In **UK Pounds** 

Delivery Address Birmingham Women's Hospital Main Stores Mindelsohn Way Birmingham B15 2TG

## Invoice RVM153782-1

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

## Delivery Reference DVM153782-1 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 - Regu Ref. R300P01 Pack of 20	lar 1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876912456		8.00	1.60	9.60

**Total Net:** 63.30 Total Vat: 12.66 Total: 75.96

Banking details 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.

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.

Barclays Bank PLC