

Invoice Address
 Norfolk and Norwich UH FT
 RM1 Payables G105
 PO Box 312
 Leeds
 LS11 1HP

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 Junior Buyer
 Contact Tel 01603286120
 Account 00003890
 Customer Reference 358027124
 Date 11 Dec 2024
 Tracking Number 1Z9W96386877719333
 Priced In UK Pounds

Invoice RVM153855-1

Delivery Address
 Norfolk and Norwich Uni Hospital
 RM1 Buxton Ward WV4997
 Colney Lane
 Norwich
 NR4 7UY

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

Delivery Reference DVM153855-1 Contact kate.griffiths@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	1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877719333		8.00	1.60	9.60

Total Net: 63.30
 Total Vat: 12.66
 Total: 75.96

Banking details
 Bank Barclays Bank PLC
 Sort Code 20-78-42
 Account Number 00906662
 IBAN GB05BUKB20784200906662
 BIC BUKGB22
 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.