Invoice Address Mid Cheshire Hospitals NHSFT Financial Services Department Leighton Hospital Middlewich Road Crewe CW1 4QJ

Delivery Address Leighton Hospital Receipts and Distribution Middlewich Road Crewe CW1 4QJ

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 Company Reg No: 01291765 EORI No: GB287389593000

Supplies Contact Name 01270255141 Contact Tel 00001310 Account Customer Reference 000098088 Date 11 Dec 2024

Tracking Number 1Z9W96386878805943

Priced In **UK Pounds**

Invoice RVM153856-1

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

Delivery Reference DVM153856-1 Contact agib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0021013 Tariff 90181990-00 CoO United States	Posey Sensor Wraps Model 6554 Box of 12	4	11.80	2.36	56.64
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regu Ref. R300P01 Pack of 20	ılar 1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878805943		0.00	0.00	0.00

Total Net: 102.50 Total Vat: 20.50 Total: 123.00

Banking details Bank Sort Code

Barclays Bank PLC 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.