

Invoice Address
 Northern Lincolnshire and Goole NHSFT
 C/O ELFS Shared Services
 PO Box 4418 Unit 2
 Swindon
 SN4 4RW

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 Purchasing
 Contact Tel 03033306757
 Account 00001995
 Customer Reference MM26472
 Date 02 Jan 2025
 Tracking Number 1Z9W96386842172480
 Priced In UK Pounds

Invoice RVM154139-1

Delivery Address
 Diana Princess of Wales Hospital
 DPOW Receipt and Distribution
 Scartho Road
 Grimsby
 DN33 2BA

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

Delivery Reference DVM154139-1 Contact aqib.majeed@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:1Z9W96386842172480		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.