

Invoice Address
Nottingham University Hospital
Accounts Payable Section
City Hospital Campus
Hucknall Road
Nottingham
NG5 1PB

Delivery Address
Nottingham University Hospital
City Distribution Hub Service
Road 1 City Hospital Campus
Hucknall Road
Nottingham
NG5 1PB

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	Procurement
Contact Tel	01159691169
Account	00003930
Customer Reference	202010957
Date	14 Jan 2025
Tracking Number	1Z9W96386876213970
Priced In	UK Pounds

Invoice RVM154391-1

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

Delivery Reference DVM154391-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	3	55.30	11.06	199.08
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	5	55.30	11.06	331.80
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876213970		12.00	2.40	14.40

Total Net:	454.40
Total Vat:	90.88
Total:	545.28

Banking details
Bank Barclays Bank PLC
Sort Code 20-78-42
Account Number 00906662
IBAN GB05BUKB20784200906662
BIC BUKGBB22
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.