Invoice Address UHSUSSEX NHS Trust Creditors Payments Level A4 **Brighton General Hospital** Elm Grove

Brighton BN2 3EW

Delivery Address Princess Royal Hospital Receipt and Distribution Point Lewes Road Haywards Heath RH16 4EX

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
EORI No: GB287389593000

Medicine Surgery Contact Name 01273664832 Contact Tel 00002191 Account 3286989 Customer Reference Date 20 Jan 2025

Tracking Number Priced In **UK Pounds**

Invoice RVM154515-1

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

Delivery Reference DVM154515-1 Contact agib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regu Ref. R300P01 Pack of 20	lar 2	55.30	11.06	132.72
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Prem Ref. R300P02 Pack of 20	ie 2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842505969		10.00	2.00	12.00

Total Net: 231.20 Total Vat: 46.24 Total: 277.44

1Z9W96386842505969

Banking details Bank

Barclays Bank PLC Sort Code 20-78-42 00906662 Account Number

IBAN BIC BUKBGB22 Terms & conditions https://www.viamed.co.uk/terms

GB05BUKB20784200906662

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.

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