

Invoice Address
Sandwell and West Birmingham
Hospitals NHS Trust SWBH BU
SF Office 14 Trinity House
Lyndon
West Bromwich
B71 4HJ

Delivery Address
Midland Metropolitan University
Hospital Receipt and Distribution
London Street off Grove Lane
Smethwick
Sandwell
B66 2QT

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	01215531831
Account	CID31628
Customer Reference	GENPO001124
Date	20 Jan 2025
Tracking Number	1Z9W96386840403055
Priced In	UK Pounds

Invoice RVM154535-1

CIP Carriage and Insurance Paid To Midland Metropolitan Uni Hosp, U * Incoterms(r) 2020

Delivery Reference DVM154535-1 Contact emily.morton@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	1	55.30	11.06	66.36
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840403055		10.00	2.00	12.00

Total Net:	120.60
Total Vat:	24.12
Total:	144.72

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.