

Invoice Address  
NHFM Ltd  
Finance Department  
7-8 Silverfox Way  
Cobalt Business Park  
Newcastle Upon Tyne  
NE27 0QJ

Delivery Address  
Northumberland Specialist  
Emergency Care Hospital  
Nsech Supplies Store Nh2426  
Northumbria Way  
East Cramlington  
NE23 6NZ

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 Rebecca Newton  
Contact Tel 03448118111  
Account 00000149  
Customer Reference RTFE400409654  
Date 27 Jan 2025  
Tracking Number 1Z9W96386840553830  
Priced In UK Pounds

## Invoice RVM154647-1

CIP Carriage and Insurance Paid To Northumbria Specialist Hospital, \* Incoterms(r) 2020

Delivery Reference DVM154647-1 Contact kate.griffiths@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	2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840553830		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 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.