**Invoice Address** University Hospitals of Leicester NHST Leicester Royal Infirmary Accounts Payable Department P O Box 189 Leicester LE15WP

**Delivery Address** Leicester Royal Infirmary NNU Basement Stock LRI C/O Materials Handling Unit Gate 9 Havelock Street Leicester LE2 7HA

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

Tracking Number

**Procurement** Contact Name Contact Tel 03003031573 00002600 Account Customer Reference MM162176 Date 29 Jan 2025

Priced In **UK Pounds** 

Invoice RVM154710-1

CIP Carriage and Insurance Paid To Leicester Royal Infirmary, UK \* Incoterms(r) 2020

## Delivery Reference DVM154710-1 Contact emily.morton@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0021014 Tariff 90181990-00 CoO United States	Posey Sensor Wraps Model 6554 case of 48 boxes	1	496.50	99.30	595.80
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878540425		1.00	0.20	1.20

Total Net: 497.50 Total Vat: 99.50

1Z9W96386878540425

Total: 597.00

Banking details Bank

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

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

GB05BUKB20784200906662

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.

Terms: Net 30 days from date of invoice.

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