Invoice Address UHCW NHS Trust Financial Services Department EPR Building 2nd Floor Clifford Bridge Road Coventry CV2 2DX

Delivery Address University Hospital Delivery Point 8 Receipt and Distribution Clifford Bridge Road Coventry CV2 2DX

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

Company Reg No: 01291765 EORI No: GB287389593000 **Dannielle Burgess** Contact Name 02476964450 Contact Tel 00001288 Account Customer Reference 200506746 Date 12 Feb 2025

Tracking Number 1Z9W96386877456966

Priced In **UK Pounds**

Invoice RVM154977-1

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

Delivery Reference DVM154977-1 Contact sophie.lines@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 3	56.70	11.34	204.12
1114007 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	2	56.70	11.34	136.08
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Prem Ref. R300P02 Pack of 20	ie 3	56.70	11.34	204.12
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877456966		12.00	2.40	14.40

Total Net: 465.60 Total Vat: 93.12 Total: 558.72

Banking details Bank Sort Code Account Number IBAN

Barclays Bank PLC 20-78-42 00906662 GB05BUKB20784200906662

BIC BUKBGB22 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.