

Invoice Address
York and Scarborough Teaching Hospitals NHSFT
Finance Dept Tribune House
Centurian Park Tribune Way
Clifton Moor
York
YO30 4RY

Supplier
Viamed Ltd
15 Station Road
Cross Hills
Keighley, West Yorkshire
BD20 7DT, United Kingdom
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Fax: +44 (0) 1535 635582
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Company Reg No: 01291765
EORI No: GB287389593000



Contact Name A Matman
Contact Tel 01904631313
Account 00005530
Customer Reference RCBN400182227
Date 07 Mar 2025
Tracking Number 1Z9W96386876211169
Priced In UK Pounds

Delivery Address
York Hospital
Main Stores 230284
Wigginton Road
York
YO31 8HE

Invoice RVM155462-1

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

Delivery Reference DVM155462-1 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	1	56.70	11.34	68.04
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	1	56.70	11.34	68.04
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876211169		10.00	2.00	12.00

Total Net: 123.40
Total Vat: 24.68
Total: 148.08

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.