**Invoice Address** Epsom and St Helier University Hospital **RVR Payables 7545** PO Box 312 Leeds **LS11 1HP** 

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



Delivery Address St Helier Hospital Receipt and Despatch Wrythe Lane

Company Reg No: 01291765 EORI No: GB287389593000 Ann Buckley Contact Name 02082962000 Contact Tel 00001020 Account 249291876 Customer Reference Date 20 Mar 2025

Tracking Number 1Z9W96386876774105

Priced In **UK Pounds** 

## Invoice RVM155747-1

CIP Carriage and Insurance Paid To St Helier Hospital, UK \* Incoterms(r) 2020

Supplier Viamed Ltd 15 Station Road

Cross Hills

## Delivery Reference DVM155747-1 Contact sophie.lines@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
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:1Z9W96386876774105		10.00	2.00	12.00

Total Net: 180.10 Total Vat: 36.02 Total: 216.12

Banking details Bank

Carlshalton

SM5 1AA

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

IBAN 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.

Page 1