Invoice Address Mid Cheshire Hospitals NHSFT Financial Services Department Leighton Hospital Middlewich Road Crewe CW1 4QJ

Delivery Address Leighton Hospital Receipts and Distribution Middlewich Road Crewe CW1 4QJ

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

Procurement Contact Name 01270255141 Contact Tel 00001310 Account Customer Reference 000102115 Date 26 Mar 2025

Tracking Number 1Z9W96386878980772

Priced In **UK Pounds**

Invoice RVM155856-1

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

Delivery Reference DVM155856-1 Contact sophie.lines@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0021013 Tariff 90181990-00 CoO United States	Posey Sensor Wraps Model 6554 Box of 12	2	13.15	2.63	31.56
1114007 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	1	56.70	11.34	68.04
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878980772		0.00	0.00	0.00

Total Net: 83.00 Total Vat: 16.60 Total: 99.60

Banking details Bank Sort Code

20-78-42 00906662 Account Number IBAN GB05BUKB20784200906662 BIC BUKBGB22 Terms & conditions https://www.viamed.co.uk/terms

Barclays Bank PLC

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.

