**Invoice Address** MSE Group Financial Services Department Unit 12-14 Britannia Park **Comet Way** Southend-on-Sea SS2 6GE

Delivery Address Broomfield Hospital Goods Receiving Office Court Road Broomfield Chelmsford CM1 7ET

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

**Procurement** Contact Name Contact Tel 03004430144 00001045 Account Customer Reference LC201071 Date 02 Apr 2025

Tracking Number 1Z9W96386877726398

Priced In **UK Pounds** 

## Invoice RVM155976-1

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

## Delivery Reference DVM155976-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regu Ref. R300P01 Pack of 20	lar 1	56.70	11.34	68.04
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Prem Ref. R300P02 Pack of 20	ie 1	56.70	11.34	68.04
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:1Z9W96386877726398		10.00	2.00	12.00

Total Net: 180.10 Total Vat: 36.02 Total: 216.12

Banking details Bank Sort Code

Barclays Bank PLC 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.

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