**Invoice Address** Worcestershire Acute Hospitals NHST **RWP Payables 6485** PO Box 312 Leeds **LS11 1HP** 

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Supplier Viamed Ltd 15 Station Road

Cross Hills

Nicola Jones Contact Name Contact Tel 01905763333 00005445 Account Customer Reference 305629049 Date 07 Apr 2025

Tracking Number 1Z9W96386840270145

Priced In **UK Pounds** 

**Delivery Address** Worcestershire Royal Hospital Loading Bay Charles Hastings Way Worcester WR5 1DD

## Invoice RVM156067-1

CIP Carriage and Insurance Paid To Worcestershire Royal Hosp, UK \* Incoterms(r) 2020

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regu Ref. R300P01 Pack of 20	ılar 2	56.70	11.34	136.08
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Prem Ref. R300P02 Pack of 20	ie 1	56.70	11.34	68.04
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840270145		10.00	2.00	12.00

Delivery Reference DVM156067-1 Contact agib.majeed@viamed.co.uk

Total Net: 180.10 Total Vat: 36.02 Total: 216.12

Banking details Bank

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.

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