Invoice Address
Northern Lincolnshire and Goole NHSFT
C/O ELFS Business Services
Viscount House Arkwright Court
Commercial Road
Darwen
BB3 0FG

Supplier
Viamed Ltd
15 Station Road
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

Contact Name	Purchasing
Contact Tel	03033306757
Account	00001995
Customer Reference	MM28920
Date	16 Apr 2025
Tracking Number	1Z9W96386878855998
Priced In	UK Pounds

Delivery Address
Diana Princess of Wales Hospital
DPOW Receipt and Distribution
Scartho Road
Grimsby
DN33 2BA

Invoice RVM156283-1

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

Delivery Reference DVM156283-1 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
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878855998		8.00	1.60	9.60

Total Net:	64.70
Total Vat:	12.94
Total:	77.64

Banking details

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