Invoice Address South Eastern Health and Social Care Trust **Shared Services Payment Centre** P O Box 1043 Ballymena **BT42 9BS**

1Z9W96386876867738

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

Tracking Number

Supplier Viamed Ltd 15 Station Road

Cross Hills

Michelle O'Hara Contact Name Contact Tel 02895361614 00001502 Account Customer Reference DB227498 Date 02 May 2025

Priced In **UK Pounds**

Delivery Address Ulster Hospital Main Stores Upper Newtownwards Road Dundonald **Belfast BT16 1RH**

Invoice RVM156533-1

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

Delivery Reference DVM156533-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regul Ref. R300P01 Pack of 20	ar 1	56.70	11.34	68.04
PPUPS2	UPS Courier Delivery - Standard 26 x 24 x 4 cm 1.10 kg AWB:1Z9W96386876867738		8.20	1.64	9.84

Total Net: 64.90 Total Vat: 12.98 Total: 77.88

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.

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.