**Invoice Address** Buckinghamshire Healthcare NHS Trust Accounts Payable Dept Amersham Hospital Whielden Street Amersham HP7 0JD

**Delivery Address** Stoke Mandeville Hospital Maternity - Rothschild Ward General Stores Entrance 2 Mandeville Road Aylesbury HP21 8AL

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

Tracking Number

**Procurement** Contact Name Contact Tel 01296315000 00000200 Account Customer Reference E438849 Date 28 May 2025

Priced In **UK Pounds** 

## Invoice RVM156942-1

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

## Delivery Reference DVM156942-1 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 2	56.70	11.34	136.08
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premi Ref. R300P02 Pack of 20	e 2	56.70	11.34	136.08
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877980443		10.00	2.00	12.00

Total Net: 236.80 Total Vat: 47.36 Total: 284.16

1Z9W96386877980443

Banking details Bank Sort Code

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

Barclays Bank PLC

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.

Terms: Net 30 days from date of invoice.

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