Invoice Address Sandwell and West Birmingham Hospitals NHS Trust SWBH BU SF Office 14 Trinity House Lyndon West Bromwich B71 4HJ

Delivery Address Midland Metropolitan University Hospital R and D London Street off Grove Lane Smethwick Sandwell B66 2QT

Supplier Viamed Ltd 15 Station Road Cross Hills Cross Hills
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Tracking Number

Sukhpreet Doal Contact Name Contact Tel 01215531831 CID31628 Account GENPO004400 Customer Reference Date 02 Jun 2025

1z9w96386878334336

Priced In **UK Pounds**

Invoice RVM157029-1

CIP Carriage and Insurance Paid To Midland Met Uni 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 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:1z9w96386878334336		10.00	2.00	12.00

Delivery Reference DVM157029-1 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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