**Invoice Address** University Hospitals Birmingham **BHST Business Group** PO Box 16967 Edgbaston Birmingham **B16 6TT** 

Delivery Address Good Hope Hospital T56500 Central Stores Rectory Road Sutton Coldfield B75 7RR

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

Debra Peace Contact Name Contact Tel 01214247626 00000517 Account Customer Reference 894735 Date 05 Jun 2025

Tracking Number 1Z9W96386878404751

Priced In **UK Pounds** 

## Invoice RVM157136-1

CIP Carriage and Insurance Paid To Good Hope Hospital, UK \* Incoterms(r) 2020

## Delivery Reference DVM157136-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Prem Ref. R300P02 Pack of 20	ie 2	56.70	11.34	136.08
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regu Ref. R300P01 Pack of 20	lar 2	56.70	11.34	136.08
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878404751		10.00	2.00	12.00

Total Net: 236.80 Total Vat: 47.36 Total: 284.16

Banking details Bank Sort Code

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

Barclays Bank PLC

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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