Invoice Address East Suffolk and North Essex NHS FT Accounts Payable North Lodge **Turner Road** Colchester CO₄ 5JL

Delivery Address Colchester General Hospital Goods Receiving Area **Turner Road** Colchester CO₄ 5JL

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 01206742152 00001220 Account Customer Reference 200321672 Date 11 Jun 2025

Priced In **UK Pounds**

Invoice RVM157240-1

CIP Carriage and Insurance Paid To Colchester General Hosp, UK * Incoterms(r) 2020

Delivery Reference DVM157240-1 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	lar 2	56.70	11.34	136.08
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877788376		10.00	2.00	12.00

Total Net: 123.40 Total Vat: 24.68 Total: 148.08

1Z9W96386877788376

Banking details

Barclays Bank PLC Bank 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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