**Invoice Address** Manchester University NHS Foundation Trust Trafford General Hospital Accounts Payable - Central Invoices Finance and Proc Business Unit Davyhulme M41 5SL

**Delivery Address** Wythenshawe Hospital Maternity Services Southmoor Road Wythenshawe Manchester M23 9LT

Supplier Viamed Ltd 15 Station Road Cross Hills

Cross Hills
Keighley, West Yorkshire
BD20 7DT, United Kingdom
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Fax: +44 (0) 1535 635582
Email: info@viamed.co.uk
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Company Reg No: 01291765

Company Reg No: 01291765 EORI No: GB287389593000

Contact Name Jeanette Armstrong Contact Tel 01612912019 00003640 Account Customer Reference 000520755 Date 07 Jul 2025

Tracking Number 1Z9W96386842705789

Priced In **UK Pounds** 

## Invoice RVM157752-1

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

## Delivery Reference DVM157752-1 Contact kate.griffiths@viamed.co.uk

| Item Reference                             | Description   | Quantity | Unit  | Unit Vat | Total  |
|--|---|----------|-------|----------|--------|
| 1114007<br>Tariff 9018199000<br>CoO Mexico | EyeMax 2 Neonatal Phototherapy Mask - Micro<br>Ref. R300P03<br>Pack of 20 | 2        | 56.70 | 11.34    | 136.08 |
| PPUPS1                                     | UPS Courier Delivery - Standard<br>AWB:1Z9W96386842705789                 |          | 10.00 | 2.00     | 12.00  |

Total Net: 123.40 Total Vat: 24.68 Total: 148.08

Banking details Bank

Barclays Bank PLC Sort Code 20-78-42 00906662 Account Number

IBAN BUKBGB22 Terms & conditions https://www.viamed.co.uk/terms

GB05BUKB20784200906662

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.

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