Invoice Address Liverpool Womens NHSFT Liverpool Womens Hospital Finance Department **Crown Street** Liverpool **L87SS**

Delivery Address Liverpool Womens NHSFT Receipting and Distribution Loading Bay Crown Street Liverpool L8 7SS

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

Company Reg No: 01291765 EORI No: GB287389593000

Procurement Contact Name Contact Tel 01517089988 00002662 Account Customer Reference REPN400031846

Date 09 Jul 2025

Tracking Number 1Z9W96386876891274

Priced In **UK Pounds**

Invoice RVM157790-1

CIP Carriage and Insurance Paid To Liverpool Womens Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM157790-1 Contact agib.majeed@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:1Z9W96386876891274		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 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.

