Invoice Address

York and Scarborough Teaching Hospitals NHSFT Finance Dept Tribune House Centurian Park Tribune Way Clfton Moor York **YO30 4RY**

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

Purchasing Contact Name 01904631313 Contact Tel 00005530 Account Customer Reference RCBN400191918

Date 17 Jul 2025

Tracking Number 1Z9W96386878249803

Priced In **UK Pounds**

Delivery Address York Hospital 1 YH Main Stores 230284 Wigginton Road York **YO31 8HE**

Invoice RVM157946-1

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

Delivery Reference DVM157946-1 Contact sophie.lines@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regu Ref. R300P01 Pack of 20	lar 1	56.70	11.34	68.04
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878249803		8.00	1.60	9.60

Total Net: 64.70 Total Vat: 12.94 Total: 77.64

Banking details Bank

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

IBAN GB05BUKB20784200906662 BUKBGB22 Terms & conditions https://www.viamed.co.uk/terms

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.

Page 1