**Invoice Address Dorset County Hospital NHS Foundation Trust** Williams Avenue Dorchester DT1 2JY

Delivery Address Dorset County Hospital Distribution Hub (G7) Hampton Farm Business Park Bockhampton Lane Higher Bockhampton Dorchester

DT2 8QH

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

Supplies Contact Name 01305251150 Contact Tel 00001430 Account Customer Reference MM37387 Date 06 Aug 2025

1Z9W96386876525491 Tracking Number

Priced In **UK Pounds** 

## Invoice RVM158288-1

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

## Delivery Reference DVM158288-1 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:1Z9W96386876525491		10.00	2.00	12.00

Total Net: 123.40 Total Vat: 24.68 Total: 148.08

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.

