

Invoice Address  
North West Anglia NHS FT  
RGN Payables 7455  
PO Box 312  
Leeds  
LS11 1HP

Delivery Address  
Peterborough City Hospital  
Central Stores  
Edith Cavell Campus  
Bretton  
Peterborough  
PE3 9GZ

Supplier  
Viamed Ltd  
15 Station Road  
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



Contact Name William Mitcham  
Contact Tel 01480418744  
Account 00004113  
Customer Reference 233325169  
Date 23 Apr 2024  
Tracking Number 1Z9W96386878913111  
Priced In UK Pounds

## Invoice RVM149453-1

CIP Carriage and Insurance Paid To Peterborough City Hosp, UK \* Incoterms(r) 2020

Delivery Reference DVM149453-1 Contact aqib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878913111		10.00	2.00	12.00

Total Net: 120.60  
Total Vat: 24.12  
Total: 144.72

Banking details  
Bank Barclays Bank PLC  
Sort Code 20-78-42  
Account Number 00906662  
IBAN GB05BUKB20784200906662  
BIC BUKGB22  
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.