

Invoice Address
Liverpool Womens NHSFT
Liverpool Womens Hospital
Finance Department
Crown Street
Liverpool
L8 7SS

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

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 | Procurement |
| Contact Tel | 01517089988 |
| Account | 00002662 |
| Customer Reference | REPN400029834 |
| Date | 10 Jan 2025 |
| Tracking Number | 1Z9W96386877754456 |
| Priced In | UK Pounds |

Invoice RVM154315-1

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

Delivery Reference DVM154315-1 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 | 3 | 55.30 | 11.06 | 199.08 |
| PPUPS1 | UPS Courier Delivery - Standard AWB:1Z9W96386877754456 | | 10.00 | 2.00 | 12.00 |

| | |
|------------|--------|
| Total Net: | 175.90 |
| Total Vat: | 35.18 |
| Total: | 211.08 |

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.