

Invoice Address
Northern Lincolnshire and Goole NHSFT
C/O ELFS Shared Services
PO Box 4418 Unit 2
Swindon
SN4 4RW

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	Purchasing
Contact Tel	03033306757
Account	00001995
Customer Reference	MM28588
Date	02 Apr 2025
Tracking Number	1Z9W96386878805863
Priced In	UK Pounds

Invoice RVM155983-1

Delivery Address
Diana Princess of Wales Hospital
DPOW Receipt and Distribution
Scarcho Road
Grimsby
DN33 2BA

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

Delivery Reference DVM155983-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	1	56.70	11.34	68.04
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878805863		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
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.