

Viamed Ltd  
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# Viamed Ltd



<b>Delivery Address</b>	<b>Invoice Address</b>	<b>Contact Name</b>	: Procurement & Supplies
Whipps Cross University Hospital	Barts Health NHS Trust	<b>Contact Tel</b>	: 02074804814
Mulberry Ward (M3)	Treasury And Payments Department	<b>Account</b>	00003450
Whipps Cross Road	8th Floor	<b>Customer Reference</b>	40937333
Leytonstone	20 Churchill Place	<b>Date</b>	26 Oct 2023
London	London	<b>Priority</b>	: 3
E11 1NR	E14 5HJ	<b>Due Date</b>	: 26 Oct 2023
		<b>Priced In</b>	: UK Pounds

## Order Confirmation CVM146310

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CIP Carriage and Insurance Paid To Whipps Cross Uni Hospital, UK \* Incoterms(R) 2020

Your Viamed Contact for this Order Confirmation : aqib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	1	55.30	11.06	66.36

PPUPS1	UPS Courier Delivery - Standard	1	8.00	1.60	9.60
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<b>Total Net:</b>	<b>63.30</b>
<b>Total Vat:</b>	<b>12.66</b>
<b>Total:</b>	<b>75.96</b>

Banking details  
 Bank BIC  
 Sort Code 20-78-42  
 Account Number 00906662  
 IBAN GB05BUKB20784200906662  
 BIC BUKGBB22  
 Terms and 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.