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Viamed Ltd



Delivery Address	Invoice Address	Contact Name	: Procurement
		Contact Tel	: 02083215326
Chelsea and Westminster Hospital	Chelsea And Westminster Hospital NHSFT	Account	00002824
Receipt And Distribution	West Middlesex University Hospital Site	Customer Reference	CW200057
Stores	Finance Department, 2nd Floor East Wing	Date	17 Nov 2023
369 Fulham Road	Twickenham Road	Priority	: 3
London	Isleworth	Due Date	: 20 Nov 2023
SW10 9NH	TW7 6AF	Priced In	: UK Pounds

Order Confirmation CVM146750

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CIP Carriage and Insurance Paid To Chelsea And Westminster Hosp, 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	4	55.30	11.06	265.44
1114006	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	3	55.30	11.06	199.08
PPUPS1	UPS Courier Delivery - Standard	1	12.00	2.40	14.40

Total Net:	399.10
Total Vat:	79.82
Total:	478.92

Banking details
 Bank BIC
 Sort Code 20-78-42
 Account Number 00906662
 IBAN GB05BUKB20784200906662
 BIC BUKGBG22
 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.