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Viamed Ltd



Delivery Address	Invoice Address	Contact Name	: Procurement
		Contact Tel	: 02083215326
West Middlesex University Hospital	Chelsea And Westminster Hospital NHSFT	Account	00002340
R And D Department	West Middlesex University Hospital Site	Customer Reference	CW217581
Twickenham Road	Finance Department 2nd Floor East Wing	Date	02 Jul 2024
Isleworth	Twickenham Road	Priority	3
Middlesex	Isleworth		
TW7 6AF	TW7 6AF		
	Priced In		UK Pounds

Order Confirmation CVM150877

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CIP Carriage and Insurance Paid To West Middlesex University Hosp, * 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
1114006	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard	1	10.00	2.00	12.00

Total Net:	120.60
Total Vat:	24.12
Total:	144.72

Banking details	BIC
Bank	Barclays Bank PLC
Sort Code	20-78-42
Account Number	00906662
IBAN	GB05BUKB20784200906662
BIC	BUKBGB22
Terms and conditions	https://www.viamed.co.uk/terms