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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	CW226062
Twickenham Road	Finance Department 2nd Floor East Wing	Date	25 Oct 2024
Isleworth	Twickenham Road	Priority	3
Middlesex	Isleworth		
TW7 6AF	TW7 6AF	Priced In	UK Pounds

Order Confirmation CVM153020

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CIP Carriage and Insurance Paid To West Middlesex University Hosp, * Incoterms(R) 2020

Your Viamed Contact for this Order Confirmation : emily.morton@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	5	55.30	11.06	331.80
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:	454.40
Total Vat:	90.88
Total:	545.28

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