**Invoice Address** North Middlesex University Hospital NHST Accounts Payable Finance Division Sterling Way London N18 1QX

**Delivery Address** North Middlesex University Hospital AU012C - Hospital at Home (NHBG) Receipt and Delivery Refurb - 9URO Sterling Way London N18 1QX

Supplier Viamed Ltd 15 Station Road Cross Hills Cross Hills
Keighley, West Yorkshire
BD20 7DT, United Kingdom
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Email: info@viamed.co.uk
VAT Reg No: GB287389593
Company Reg No: 01291765

Company Reg No: 01291765 Eori No: GB287389593000

**Procurement** Contact Name Contact Tel 02033221935 00003070 Account Customer Reference NMU492087 Date 26 Oct 2023 Tracking Number 1Z9W96386876475492

Priced In **UK Pounds** 

Invoice RVM145730-1

CIP Carriage and Insurance Paid To North Middlesex Uni Hospital, UK \* Incoterms(r) 2020

| Item Reference                             | Description  | Quantity | Unit  | Unit Vat | Total |
|--|--|----------|-------|----------|-------|
| 1114006<br>Tariff 9018199000<br>CoO U.S.A. | EyeMax 2 Neonatal Phototherapy Mask - Prem<br>Ref. R300P02<br>Pack of 20 | ie 1     | 55.30 | 11.06    | 66.36 |
| PPUPS1                                     | UPS Courier Delivery - Standard<br>AWB:1Z9W96386876475492                |          | 8.00  | 1.60     | 9.60  |

Delivery Reference DVM145730-1 Contact sophie.lines@viamed.co.uk

**Total Net:** 63.30 Total Vat: 12.66 Total: 75.96

Banking details Bank

Barclays Bank PLC Sort Code 20-78-42 00906662 Account Number IBAN

BUKBGB22 Terms & conditions https://www.viamed.co.uk/terms

GB05BUKB20784200906662

Terms: Net 30 days from date of invoice.

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.

Page 1