

Invoice Address
UCLH NHS Foundation Trust
Accounts Payable
London
NW1 2PG

Supplier
Viamed Ltd
15 Station Road
Cross Hills
Keighley, West Yorkshire
BD20 7DT, United Kingdom
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Company Reg No: 01291765
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Contact Name Rejaul Hussain
Contact Tel 02034477771
Account 00003420
Customer Reference RRVN400267040
Date 02 Nov 2023
Tracking Number 1Z9W96386876127386
Priced In UK Pounds

Invoice RVM146461-1

Delivery Address
University College Hospital
Loading Bay
Beaumont Place
Off Tottenham Court Road
London
NW1 2BU

CIP Carriage and Insurance Paid To University College Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM146461-1 Contact kate.griffiths@viamed.co.uk

| Item Reference | Description | Quantity | Unit | Unit Vat | Total |
|---|---|----------|-------|----------|--------|
| 1114005 Tariff 9018199000 CoO United States | EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20 | 8 | 55.30 | 11.06 | 530.88 |
| 1114006 Tariff 9018199000 CoO U.S.A. | EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20 | 8 | 55.30 | 11.06 | 530.88 |
| 1114007 Tariff 9018199000 CoO U.S.A. | EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20 | 8 | 55.30 | 11.06 | 530.88 |
| PPUPS1 | UPS Courier Delivery - Standard AWB:1Z9W96386876127386 | | 12.00 | 2.40 | 14.40 |

Total Net: 1,339.20
Total Vat: 267.84
Total: 1,607.04

Banking details
Bank Barclays Bank PLC
Sort Code 20-78-42
Account Number 00906662
IBAN GB05BUKB20784200906662
BIC BUKGB22
Terms & 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.