

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

Supplier  
Viamed Ltd  
15 Station Road  
Cross Hills  
Keighley, West Yorkshire  
BD20 7DT, United Kingdom  
Tel: +44 (0) 1535 634542  
Fax: +44 (0) 1535 635582  
Email: info@viamed.co.uk  
VAT Reg No: GB287389593  
Company Reg No: 01291765  
Eori No: GB287389593000



Contact Name Merla Medina  
Contact Tel 02033221935  
Account 00003070  
Customer Reference NMU502778  
Date 06 Dec 2023  
Tracking Number 1Z9W96386877712983  
Priced In UK Pounds

## Invoice RVM147055-1

Delivery Address  
North Middlesex University Hospital  
GSRN:WEBMM8, AU1241 Sunrise  
Neonatal Unit, Receipt and Delivery  
Refurb - 9URO, Sterling Way  
London  
N18 1QX

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

Delivery Reference DVM147055-1 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	5	55.30	11.06	331.80
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	5	55.30	11.06	331.80
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877712983		12.00	2.40	14.40

Total Net: 565.00  
Total Vat: 113.00  
Total: 678.00

Banking details  
Bank Barclays Bank PLC  
Sort Code 20-78-42  
Account Number 00906662  
IBAN GB05BUKB20784200906662  
BIC BUKGBB22  
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.