Invoice Address
Lewisham and Greenwich NHS Trust
RJ2 Payables 4715
PO BOX 312
Leeds
LS11 1HP

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	Chris Graham
Contact Tel	02083333000
Account	00003000
Customer Reference	99426397
Date	23 Feb 2024
Tracking Number	1Z9W96386840943721
Priced In	UK Pounds

Delivery Address
University Hospital Lewisham
Main Stores Goods Inwards
High Street
Lewisham
SE13 6LH

Invoice RVM147073-1

CIP Carriage and Insurance Paid To University Hosp Lewisham, UK * Incoterms(r) 2020

Delivery Reference DVM147073-1 Contact emily.morton@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
4420802 Tariff 9018199000 CoO Germany	VersaStream Viamed CO2 Sampling Line Nasal, Paediatric, Short-term Box of 25	1	200.00	40.00	240.00
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840943721		10.00	2.00	12.00

Total Net:	210.00
Total Vat:	42.00
Total:	252.00

Banking details

Bank	Barclays Bank PLC
Sort Code	20-78-42
Account Number	00906662
IBAN	GB05BUKB20784200906662
BIC	BUKBGB22
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.