Invoice Address Barts Health NHST Treasury and Payment Department 8th Floor 20 Churchill Place London E14 5HJ

Delivery Address Royal London Hospital 8D_242 New Build Whitechapel Road Whitechapel London E1 1FR

Supplier Viamed Ltd 15 Station Road Cross Hills 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

Tracking Number

Company Reg No: 01291765 Eori No: GB287389593000

Procurement Contact Name Contact Tel 02074804641 00003030 Account Customer Reference 40955690 Date 13 Dec 2023

Priced In **UK Pounds**

Invoice RVM147186-1

CIP Carriage and Insurance Paid To Royal London Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM147186-1 Contact janine.gill@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114007 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	2	55.30	11.06	132.72
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regu Ref. R300P01 Pack of 20	lar 3	55.30	11.06	199.08
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876514190		12.00	2.40	14.40

Total Net: 288.50 Total Vat: 57.70 Total: 346.20

1Z9W96386876514190

Banking details Bank

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

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