

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	Procurement
Contact Tel	02033221935
Account	00003070
Customer Reference	NMU508590
Date	04 Jan 2024
Tracking Number	1Z9W96386842471657
Priced In	UK Pounds

Invoice RVM147475-1

Delivery Address
North Middlesex University Hospital
GSRN:WEBS2 AU004F Closed (NGAR)
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 DVM147475-1 Contact janine.gill@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	6	55.30	11.06	398.16
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842471657		12.00	2.40	14.40

Total Net:	343.80
Total Vat:	68.76
Total:	412.56

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.