Invoice Address Barts Health NHS Trust Treasury and Payments Department 8th Floor 20 Churchill Place London E14 5HJ

Delivery Address Newham General Hospital Neonatal Unit Via Main Stores Glen Road **Plaistow** Greater London E13 8SL

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 Company Reg No: 01291765 EORI No: GB287389593000

Tracking Number

Procurement Contact Name Contact Tel 02074804641 00003205 Account Customer Reference 40974616 Date 07 Feb 2024

Priced In **UK Pounds**

1Z9W96386877335417

Invoice RVM148125-1

CIP Carriage and Insurance Paid To Newham General Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM148125-1 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 2	55.30	11.06	132.72
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Prem Ref. R300P02 Pack of 20	ie 2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877335417		12.00	2.40	14.40

Total Net: 343.80 Total Vat: 68.76 Total: 412.56

Banking details Bank Sort Code

Barclays Bank PLC 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.

Page 1