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
Company Reg No: 01291765
EORI No: GB287389593000

Tracking Number

Procurement Contact Name Contact Tel 02074804641 00003030 Account Customer Reference 40990321 Date 19 Mar 2024

Priced In **UK Pounds**

Invoice RVM148896-1

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

Delivery Reference DVM148896-1 Contact agib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
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
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876894511		10.00	2.00	12.00

Total Net: 120.60 Total Vat: 24.12 Total: 144.72

1Z9W96386876894511

Banking details

Barclays Bank PLC Bank 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.

