

Invoice Address  
Chelsea and Westminster Hospital NHSFT  
West Middlesex University Hospital Site  
Finance Department, 2nd Floor East Wing  
Twickenham Road  
Isleworth  
TW7 6AF

Delivery Address  
West Middlesex University Hospital  
R and D Department  
Twickenham Road  
Isleworth  
Middlesex  
TW7 6AF

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	02083215326
Account	00002340
Customer Reference	CW210429
Date	02 Apr 2024
Tracking Number	1Z9W96386842815295
Priced In	UK Pounds

## Invoice RVM149115-1

CIP Carriage and Insurance Paid To West Middlesex Univ. Hosp, UK \* Incoterms(r) 2020

Delivery Reference DVM149115-1 Contact sophie.lines@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	2	55.30	11.06	132.72
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842815295		10.00	2.00	12.00

Total Net:	231.20
Total Vat:	46.24
Total:	277.44

Banking details  
Bank Barclays Bank PLC  
Sort Code 20-78-42  
Account Number 00906662  
IBAN GB05BUKB20784200906662  
BIC BUKGBB22  
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.