

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

Delivery Address
Whipps Cross University Hospital
Special Care Baby Unit
Whipps Cross Road
Leytonstone
London
E11 1NR

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 Jennifer Hill
Contact Tel 02074804688
Account 00003450
Customer Reference 41028023
Date 21 Jun 2024
Tracking Number 1Z9W96386840509236
Priced In UK Pounds

Invoice RVM150677-1

CIP Carriage and Insurance Paid To Whipps Cross Uni Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM150677-1 Contact emily.morton@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 | 1 | 55.30 | 11.06 | 66.36 |
| 1114006 Tariff 9018199000 CoO U.S.A. | EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20 | 1 | 55.30 | 11.06 | 66.36 |
| PPUPS1 | UPS Courier Delivery - Standard AWB:1Z9W96386840509236 | | 10.00 | 2.00 | 12.00 |

Total Net: 120.60
Total Vat: 24.12
Total: 144.72

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.