Invoice Address
Chelsea and Westminster Hospital NHSFT
West Middlesex University Hospital Site
Finance Department 2nd Floor East Wing
Twickenham Road
Isleworth
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	00002824
Customer Reference	CW220325
Date	08 Aug 2024
Tracking Number	1Z9W96386841011691
Priced In	UK Pounds

Delivery Address
Chelsea and Westminster Hospital
Receipt and Distribution
Stores
369 Fulham Road
London
SW10 9NH

Invoice RVM151544-1

CIP Carriage and Insurance Paid To Chelsea And Westminster Hosp, UK * Incoterms(r) 2020

Delivery Reference DVM151544-1 Contact aqib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
4420901 Tariff 9018199000 CoO Germany	VersaStream Oridion CO2 Sampling Line Nasal, Adult, Short-term Box of 25	5	180.00	36.00	1,080.00
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386841011691		12.00	2.40	14.40

Total Net:	912.00
Total Vat:	182.40
Total:	1,094.40

Banking details

Bank	Barclays Bank PLC
Sort Code	20-78-42
Account Number	00906662
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.