

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

Delivery Address
Newham University Hospital
Obstetrics and Gynaecology Pod
via Receipt and Distribution
Glen Road
Plaistow
E13 8SL

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 02074804641
Account 00003095
Customer Reference 41057661
Date 23 Sep 2024
Tracking Number 1Z9W96386876988367
Priced In UK Pounds

Invoice RVM152114-1

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

Delivery Reference DVM152114-1 Contact sophie.lines@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	60	55.30	11.06	3,981.60
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876988367		12.00	2.40	14.40

Total Net: 3,330.00
Total Vat: 666.00
Total: 3,996.00

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.