

Invoice Address
North Middlesex University
Hospital NHST
Accounts Payable Finance Division
Sterling Way
London
N18 1QX

Delivery Address
North Middlesex University Hospital
GSRN:WEBNS2 AU004F
CC (NGAR) Receipt And Delivery
Refurb - 9URO Sterling Way
London
N18 1QX

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 Nandakishor Sanvol
Contact Tel 02088872000
Account 00003070
Customer Reference NMU572036
Date 13 Sep 2024
Tracking Number 1Z9W96386840527618
Priced In UK Pounds

Invoice RVM152167-1

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

Delivery Reference DVM152167-1 Contact kate.griffiths@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
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840527618		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 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.