Invoice Address UCLH NHS Foundation Trust Accounts Payable London NW1 2PG

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



Company Reg No: 01291765 EORI No: GB287389593000 Contact Name Contact Tel

Supplier Viamed Ltd 15 Station Road

Cross Hills

Ruhena Khalique 02034477771 00003420

Account **Customer Reference** Date

RRVN400335510 11 Nov 2024 GB 524 3711 68

Vat Number Tracking Number

1Z9W96386842424270

Priced In **UK Pounds** Invoice RVM153290-1

Delivery Address University College Hospital Loading Bay Beaumont Place Off Tottenham Court Road London NW1 2BU

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

Delivery Reference DVM153290-1 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 - Regu Ref. R300P01 Pack of 20	lar 8	55.30	11.06	530.88
1114007 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	8	55.30	11.06	530.88
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Prem Ref. R300P02 Pack of 20	ie 6	55.30	11.06	398.16
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842424270		12.00	2.40	14.40

Total Net: 1,228.60 Total Vat: 245.72 Total: 1,474.32

Banking details Bank Sort Code

Barclays Bank PLC 20-78-42 00906662 Account Number GB05BUKB20784200906662

IBAN 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.

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