Invoice Address Great Ormond Street Hospital NHSFT Accounts Payable Department Great Ormond Street London WC1N 3JH

Delivery Address Great Ormond Street Hospital For Children NHSFT

GOSH Trust Stores 50A Guilford Street

London WC1N 1DE

Supplier Viamed Ltd 15 Station Road Cross Hills 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 Account Customer Reference

02074059200 00002960 MM90640 25 Nov 2024

Procurement

Tracking Number

1Z9W96386842050085

Priced In

Date

UK Pounds

Invoice RVM153558-1

CIP Carriage and Insurance Paid To Great Ormond St Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM153558-1 Contact agib.majeed@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	ılar 1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842050085		8.00	1.60	9.60

Total Net: 63.30 Total Vat: 12.66 Total: 75.96

Banking details Bank

Sort Code 20-78-42 Account Number

IBAN BUKBGB22 Terms & conditions https://www.viamed.co.uk/terms

00906662 GB05BUKB20784200906662 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.

Barclays Bank PLC