

Invoice Address
North Middlesex University
Hospital NHST
Accounts Payable Finance Division
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 Procurement
Contact Tel 02033221935
Account 00003070
Customer Reference NMG018050
Date 26 Nov 2024
Tracking Number 1Z9W96386878895525
Priced In UK Pounds

Invoice RVM153582-1

Delivery Address
North Middlesex University Hospital
Receipt and Delivery Refurb - 9URO
Sterling Way
London
N18 1QX

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

Delivery Reference DVM153582-1 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	4	55.30	11.06	265.44
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878895525		10.00	2.00	12.00

Total Net: 231.20
Total Vat: 46.24
Total: 277.44

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.