**Invoice Address** Kingston and Richmond NHS Foundation Trust RAX Payables F955 PO Box 312 Leeds **LS11 1HP** 

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
EORI No: GB287389593000

Contact Name

**Procurement Department** 

02033223912 Contact Tel 00002420 Account 353101535 Customer Reference Date 14 Jan 2025

Tracking Number 1z9w96386877501988

Priced In **UK Pounds** 

Delivery Address Kingston Hospital Main Stores Galsworthy Road Kingston upon Thames London KT2 7QB

## Invoice RVM154378-1

CIP Carriage and Insurance Paid To Kingston Hospital, UK \* Incoterms(r) 2020

## Delivery Reference DVM154378-1 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	lar 2	55.30	11.06	132.72
PPUPS1	UPS Courier Delivery - Standard AWB:1z9w96386877501988		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 00906662 Account Number

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.

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