

Invoice Address
Royal Free London NHSFT
Accounts Payable Finance Department
Enfield Civic Centre (10th Floor)
Silver Street
Enfield
EN1 3ES

Delivery Address
North Middlesex University Hospital
NHS Trust
C105 - Receipt and Delivery Refurb
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	RFG022037
Date	19 Mar 2025
Tracking Number	1Z9W96386877883236
Priced In	UK Pounds

Invoice RVM155679-1

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

Delivery Reference DVM155679-1 Contact sophie.lines@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	4	56.70	11.34	272.16
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877883236		10.00	2.00	12.00

Total Net:	236.80
Total Vat:	47.36
Total:	284.16

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.