**Invoice Address Barts Health NHST** Treasury and Payment Department 8th Floor 20 Churchill Place London E14 5HJ

Delivery Address Royal London Hospital 8D\_242 New Build Whitechapel Road Whitechapel London E1 1FR

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

**Procurement** Contact Name Contact Tel 02074804641 00003030 Account Customer Reference 41130472 Date 24 Mar 2025

Tracking Number 1Z9W96386841276665

Priced In **UK Pounds** 

## Invoice RVM155816-1

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

## Delivery Reference DVM155816-1 Contact emily.morton@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premi Ref. R300P02 Pack of 20	ie 4	56.70	11.34	272.16
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386841276665		10.00	2.00	12.00

Total Net: 236.80 Total Vat: 47.36

Total: 284.16

Banking details

Barclays Bank PLC Bank 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.

