

Invoice Address
Chelsea and Westminster Hospital NHSFT
West Middlesex University Hospital Site
Finance Department 2nd Floor East Wing
Twickenham Road
Isleworth
TW7 6AF

Supplier
Viamed Ltd
15 Station Road
Cross Hills
Keighley, West Yorkshire
BD20 7DT, United Kingdom
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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	02083215326
Account	00002824
Customer Reference	CW237461
Date	01 May 2025
Tracking Number	1Z9W96386877479718
Priced In	UK Pounds

Invoice RVM156544-1

Delivery Address
Chelsea and Westminster Hospital
Receipt and Distribution
Stores
369 Fulham Road
London
SW10 9NH

CIP Carriage and Insurance Paid To Chelsea And Westminster Hosp, UK * Incoterms(r) 2020

Delivery Reference DVM156544-1 Contact emily.morton@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	6	56.70	11.34	408.24
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	6	56.70	11.34	408.24
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877479718		12.00	2.40	14.40

Total Net:	692.40
Total Vat:	138.48
Total:	830.88

Banking details
Bank Barclays Bank PLC
Sort Code 20-78-42
Account Number 00906662
IBAN GB05BUKB20784200906662
BIC BUKGBB22
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.