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

**Delivery Address** Chelsea and Westminster Hospital Receipt and Distribution Stores 369 Fulham Road

London **SW10 9NH** 

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

Company Reg No: 01291765 EORI No: GB287389593000

Tracking Number

**Procurement** Contact Name Contact Tel 02083215326 00002824 Account Customer Reference CW237551 Date 02 May 2025

Priced In **UK Pounds** 

Invoice RVM156552-1

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

## Delivery Reference DVM156552-1 Contact sophie.lines@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
4420901 Tariff 9018199000 CoO Germany	VersaStream Oridion CO2 Sampling Line Nasal, Adult, Short-term Box of 25	5	184.70	36.94	1,108.20
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877930345		12.00	2.40	14.40

Total Net: 935.50 Total Vat: 187.10

Total: 1,122.60

1Z9W96386877930345

Banking details Bank

Barclays Bank PLC Sort Code 20-78-42 00906662 Account Number

IBAN GB05BUKB20784200906662 **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.

Page 1