

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 00002340  
Customer Reference CW238940  
Date 29 May 2025  
Tracking Number 1Z9W96386876699161  
Priced In UK Pounds

## Invoice RVM156992-1

Delivery Address  
West Middlesex University Hospital  
R and D Department  
Twickenham Road  
Isleworth  
Middlesex  
TW7 6AF

CIP Carriage and Insurance Paid To West Middlesex University Hosp, \* Incoterms(r) 2020

Delivery Reference DVM156992-1 Contact aqib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0021013 Tariff 90181990-00 CoO United States	Posey Sensor Wraps Model 6554 Box of 12	3	12.10	2.42	43.56
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876699161		0.00	0.00	0.00

Total Net: 36.30  
Total Vat: 7.26  
Total: 43.56

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.