Invoice Address Kingston and Richmond NHS Foundation Trust RAX Payables F955 PO Box 312 Leeds **LS11 1HP**

Supplier Viamed Ltd

Procurement Department Contact Name

02033223912 Contact Tel 00002420 Account 353118500 Customer Reference Date 02 Jul 2025

Tracking Number 1Z9W96386878056208

Priced In **UK Pounds**

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

Delivery Address Kingston Hospital Main Stores Galsworthy Road Kingston upon Thames London KT2 7QB

Invoice RVM157376-1

CIP Carriage and Insurance Paid To Kingston Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM157376-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Prem Ref. R300P02 Pack of 20	ie 2	56.70	11.34	136.08
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regu Ref. R300P01 Pack of 20	lar 2	56.70	11.34	136.08
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878056208		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 00906662 Account Number

IBAN BIC BUKBGB22
Terms & conditions https://www.viamed.co.uk/terms

GB05BUKB20784200906662

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