

Invoice Address  
Barts Health NHS Trust  
Treasury and Payments Department  
8th Floor  
20 Churchill Place  
London  
E14 5HJ

Delivery Address  
Whipps Cross University Hospital  
Acorn Unit Via Rec and Distribution  
Whipps Cross Road  
Leytonstone  
London  
E11 1NR

Supplier  
Viamed Ltd  
15 Station Road  
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



Contact Name Shelley Allick  
Contact Tel 02074804641  
Account 00003450  
Customer Reference 41170939  
Date 17 Jul 2025  
Tracking Number 1Z9W96386878315017  
Priced In UK Pounds

## Invoice RVM157918-1

CIP Carriage and Insurance Paid To Whipps Cross Uni Hospital, UK \* Incoterms(r) 2020

Delivery Reference DVM157918-1 Contact kate.griffiths@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	1	56.70	11.34	68.04
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878315017		8.00	1.60	9.60

Total Net: 64.70  
Total Vat: 12.94  
Total: 77.64

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.