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 West Middlesex University Hospital R and D Department Twickenham Road Isleworth Middlesex

TW7 6AF

Supplier Viamed Ltd 15 Station Road Cross Hills Cross Hills
Keighley, West Yorkshire
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Procurement Contact Name Contact Tel 02083215326 00002340 Account Customer Reference CW243098 Date 05 Aug 2025

1Z9W96386877281350 Tracking Number

Priced In **UK Pounds**

Invoice RVM158266-1

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

Delivery Reference DVM158266-1 Contact kate.griffiths@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	5	12.10	2.42	72.60
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877281350		0.00	0.00	0.00

Total Net: 60.50 Total Vat: 12.10 Total: 72.60

Banking details Bank

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

IBAN GB05BUKB20784200906662 **BUKBGB22**

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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.