**Invoice Address** Royal Free London NHSFT Accounts Payable Finance Dept 10th Floor Enfield Civic Centre Silver Street **Enfield** EN13ES

**Delivery Address** The Royal Free Hospital AT1491 - 5 SOUTH R and D Central Stores Fleet Road London

NW3 2QG

Supplier Viamed Ltd 15 Station Road Cross Hills

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Tracking Number

Contact Name Karis Jones 02033221935 Contact Tel 00003220 Account Customer Reference RFL650853 Date 12 Aug 2025

Priced In **UK Pounds** 

Invoice RVM158372-1

CIP Carriage and Insurance Paid To Royal Free Hospital, UK \* Incoterms(r) 2020

## Delivery Reference DVM158372-1 Contact agib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regul Ref. R300P01 Pack of 20	lar 3	56.70	11.34	204.12
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878193284		10.00	2.00	12.00

Total Net: 180.10 Total Vat: 36.02 Total: 216.12

1Z9W96386878193284

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.

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