**Invoice Address Great Ormond Street Hospital NHSFT Accounts Payable Department Great Ormond Street** London WC1N 3JH

Viamed Ltd 15 Station Road Cross Hills Cross Hills
Keighley, West Yorkshire
BD20 7DT, United Kingdom
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VAT Reg No: GB287389593
Company Reg No: 01291765
EORI No: GB287389593000

Supplier



Contact Name Contact Tel Account Customer Reference Date

**Procurement** 02074059200 00002960 MM95081 18 Aug 2025

Tracking Number

1Z9W96386842889279

Priced In

**UK Pounds** 

Delivery Address Great Ormond Street Hospital For Children NHSFT **GOSH Trust Stores** 50A Guilford Street London WC1N 1DE

## Invoice RVM158526-1

CIP Carriage and Insurance Paid To Great Ormond St Hospital, UK \* Incoterms(r) 2020

## Delivery Reference DVM158526-1 Contact emily.morton@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	ar 1	56.70	11.34	68.04
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premi Ref. R300P02 Pack of 20	e 1	56.70	11.34	68.04
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842889279		10.00	2.00	12.00

Total Net: 123.40 Total Vat: 24.68 Total: 148.08

Banking details Bank Sort Code

Barclays Bank PLC 20-78-42 00906662 Account Number IBAN

GB05BUKB20784200906662 BUKBGB22 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.

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