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

Delivery Address Whipps Cross University Hospital Mulberry Ward (M3) Receipt and Dist. Whipps Cross Road Leytonstone London E11 1NR

Supplier Viamed Ltd 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

Procurement & Supplies Contact Name Contact Tel 02074804641 00003450 Account Customer Reference 41183556 Date 20 Aug 2025

1Z9W96386878818368 Tracking Number

Priced In **UK Pounds**

Invoice RVM158588-1

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

Delivery Reference DVM158588-1 Contact agib.majeed@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	nie 1	56.70	11.34	68.04
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878818368		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 00906662 Account Number

IBAN GB05BUKB20784200906662

BIC 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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