

Invoice Address
Chelsea and Westminster Hospital NHSFT
West Middlesex University Hospital Site
Finance Department 2nd Floor East Wing
Twickenham Road
Isleworth
TW7 6AF

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	Procurement
Contact Tel	02083215326
Account	00002340
Customer Reference	WM73851
Date	11 Sep 2025
Tracking Number	1Z9W96386876813741
Priced In	UK Pounds

Invoice RVM158946-1

Delivery Address
West Middlesex University Hospital
R and D Department
Twickenham Road
Isleworth
Middlesex
TW7 6AF

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

Delivery Reference DVM158946-1 Contact emily.morton@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	1	56.70	11.34	68.04
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	1	56.70	11.34	68.04
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876813741		10.00	2.00	12.00

Total Net:	123.40
Total Vat:	24.68
Total:	148.08

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.