

Invoice Address
Royal Free London NHSFT
Accounts Payable Finance Department
Enfield Civic Centre (10th Floor)
Silver Street
Enfield
EN1 3ES

Delivery Address
North Middlesex University Hospital
ATX12C Hospital at Home
C105 Receipt and Delivery Refurb
Sterling Way
London
N18 1QX

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 Heather Graham
Contact Tel 02033221935
Account 00003070
Customer Reference RFL663665
Date 09 Oct 2025
Tracking Number 1Z9W96386876384705
Priced In UK Pounds

Invoice RVM159422-1

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

Delivery Reference DVM159422-1 Contact kate.griffiths@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	2	56.70	11.34	136.08
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	2	56.70	11.34	136.08
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876384705		10.00	2.00	12.00

Total Net: 236.80
Total Vat: 47.36
Total: 284.16

Banking details
Bank Barclays Bank PLC
Sort Code 20-78-42
Account Number 00906662
IBAN GB05BUKB20784200906662
BIC BUKGBB22
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.