

Invoice Address
Lewisham and Greenwich NHS Trust
RJ2 Payables 4715
PO BOX 312
Leeds
LS11 1HP

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 Chris Graham
Contact Tel 02083333000
Account 00003000
Customer Reference 99516604
Date 29 Oct 2025
Priced In UK Pounds

Delivery Address
University Hospital Lewisham
Main Stores
Goods Inwards
High Street
Lewisham
SE13 6LH

Invoice RVM159762-1

CIP Carriage and Insurance Paid To University Hosp Lewisham, UK * Incoterms(r) 2020

Delivery Reference DVM159762-1 Contact kate.griffiths@viamed.co.uk

| Item Reference | Description | Quantity | Unit | Unit Vat | Total |
|---------------------|---|----------|------|----------|-------|
| 0022190 | Pulse Oximeter Soft Carrying Case (Black) | 2 | 2.70 | 0.54 | 6.48 |
| CoO China PPRM2C | Royal Mail - 2nd Class | | 0.00 | 0.00 | 0.00 |

Total Net: 5.40
Total Vat: 1.08
Total: 6.48

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.