

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

Delivery Address
West Middlesex University Hospital
R and D Department
Twickenham Road
Isleworth
Middlesex
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	CW248404
Date	07 Nov 2025
Tracking Number	1Z9W96386878140241
Priced In	UK Pounds

Invoice RVM160010-1

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

Delivery Reference DVM160010-1 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	5	56.70	11.34	340.20
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878140241		12.00	2.40	14.40

Total Net:	295.50
Total Vat:	59.10
Total:	354.60

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.