



## Invoice Address

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

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](mailto:info@viamed.co.uk)  
VAT Reg No: GB287389593  
Company Reg No: 01291765  
EORI No: GB287389593000

Contact Name	Procurement
Contact Tel	02033221935
Account	00003070
Customer Reference	RFQ031045
Date	08 Dec 2025
Tracking Number	1Z9W96386842907418
Priced In	UK Pounds

Invoice RVM160558-1

Delivery Address  
North Middlesex University Hospital  
ATX231 Maternity And Transitional  
Care C105 - Receipt and Deliv Refurb  
Sterling Way  
London  
N18 1QX

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

Delivery Reference DVM160558-1 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
PPUPPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842907418	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  
Account Number 00906662  
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.