

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 00002824
 Customer Reference CW253412
 Date 04 Feb 2026
 Tracking Number 1Z9W96386878007298
 Priced In UK Pounds

Invoice RVM161624-1

Delivery Address
 Chelsea and Westminster Hospital
 Receipt and Distribution
 Stores
 369 Fulham Road
 London
 SW10 9NH

CIP Carriage and Insurance Paid To Chelsea And Westminster Hosp, UK * Incoterms(r) 2020

Delivery Reference DVM161624-1 Contact emily.morton@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	1	56.70	11.34	68.04
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	1	56.70	11.34	68.04
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878007298		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 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.