

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 00002340  
 Customer Reference CW257446  
 Date 16 Apr 2026  
 Tracking Number 1Z9W96386877143124  
 Priced In UK Pounds

## Invoice RVM162979-1

Delivery Address  
 West Middlesex University Hospital  
 R and D Department  
 Twickenham Road  
 Isleworth  
 Middlesex  
 TW7 6AF

CIP Carriage and Insurance Paid To West Middlesex University Hosp, \* Incoterms 2020

Delivery Reference DVM162979-1 Contact aqib.majeed@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
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877143124		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 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.