

Invoice Address
Lewisham and Greenwich NHS Trust
3rd Floor Old Town Hall
Catford
London
SE6 4RU

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 And Supplies
Contact Tel 02083333000
Account 00003000
Customer Reference RJ2N400009394
Date 03 Jul 2026
Tracking Number 1Z9W96386877916932
Priced In UK Pounds

Invoice RVM163738-1

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

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

Delivery Reference DVM163738-1 Contact kate.griffiths@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	2	58.90	11.78	141.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877916932		10.00	2.00	12.00

Total Net: 127.80
Total Vat: 25.56
Total: 153.36

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.