

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
 VAT Reg No: GB287389593
 Company Reg No: 01291765
 EORI No: GB287389593000



Contact Name Procurement
 Contact Tel 02033221935
 Account 00003070
 Customer Reference RFG036985
 Date 09 Jun 2026
 Tracking Number 1Z9W96386877095990
 Priced In UK Pounds

Invoice RVM163876-1

Delivery Address
 North Middlesex University Hospital
 ATX241 Sunrise Neonatal Unit
 C105 - Receipt and Delivery Refurb
 Sterling Way
 London
 N18 1QX

CIP Carriage and Insurance Paid To North Middlesex Uni Hospital, UK * Incoterms 2020

Delivery Reference DVM163876-1 Contact kate.griffiths@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	3	58.90	11.78	212.04
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877095990		10.00	2.00	12.00

Total Net: 186.70
 Total Vat: 37.34
 Total: 224.04

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.