

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 CW260470
 Date 08 Jun 2026
 Tracking Number 1Z9W96386840288896
 Priced In UK Pounds

Invoice RVM164012-1

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 DVM164012-1 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	2	58.90	11.78	141.36
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:1Z9W96386840288896		10.00	2.00	12.00

Total Net: 245.60
 Total Vat: 49.12
 Total: 294.72

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.