Invoice Address
Great Ormond Street Hospital NHSFT
Accounts Payable Department
Great Ormond Street
London
WC1N 3JH

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	Luiz Costa
Contact Tel	02033221935
Account	00002960
Customer Reference	GMM731677-000-001
Date	17 Jul 2026
Tracking Number	1Z9W96386840923270
Priced In	UK Pounds

Delivery Address
Great Ormond Street Hospital
EP001D - NICU VCB L4 MM
GOSH Trust Stores
50A Guilford Street
London
WC1N 1DE

Invoice RVM164695-1

CIP Carriage and Insurance Paid To Great Ormond St Hospital, UK * Incoterms 2020

Delivery Reference DVM164695-1 Contact sophie.lines@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	58.90	11.78	70.68
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	1	58.90	11.78	70.68
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840923270		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	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.