

Invoice Address  
North Middlesex University  
Hospital NHST  
Accounts Payable Finance Division  
Sterling Way  
London  
N18 1QX

Delivery Address  
North Middlesex University Hospital  
GSRN:WEBS2 AU004F Closed (NGAR)  
Receipt And Delivery Refurb - 9URO  
Sterling Way  
London  
N18 1QX

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 Nandakishor Sanvol  
Contact Tel 02088872000  
Account 00003070  
Customer Reference NMU524911  
Date 14 Mar 2024  
Tracking Number 1Z9W96386878355895  
Priced In UK Pounds

## Invoice RVM148617-1

CIP Carriage and Insurance Paid To North Middlesex Uni Hospital, UK \* Incoterms(r) 2020

Delivery Reference DVM148617-1 Contact aqib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	4	55.30	11.06	265.44
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878355895		10.00	2.00	12.00

Total Net: 231.20  
Total Vat: 46.24  
Total: 277.44

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.