Invoice Address UCLH NHS Foundation Trust Accounts Payable London NW1 2PG

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

Supplier Viamed Ltd

Cross Hills

Ruhena Khalique Contact Name Contact Tel 02034477771 00003420 Account **Customer Reference**

RRVN400399226 Date 10 Nov 2025 GB 524 3711 68 Vat Number

Tracking Number 1Z9W96386841712013

UK Pounds Priced In Invoice RVM159642-1

Delivery Address University College Hospital Loading Bay Beaumont Place Off Tottenham Court Road London NW1 2BU

CIP Carriage and Insurance Paid To University College Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM159642-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regu Ref. R300P01 Pack of 20	ılar 13	56.70	11.34	884.52
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Prem Ref. R300P02 Pack of 20	ie 7	56.70	11.34	476.28
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386841712013		12.00	2.40	14.40

Total Net: 1,146.00 Total Vat: 229.20 Total: 1,375.20

Banking details Bank Sort Code

Barclays Bank PLC 20-78-42 00906662 Account Number IBAN

GB05BUKB20784200906662 BIC BUKBGB22
Terms & conditions https://www.viamed.co.uk/terms

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.

Terms: Net 30 days from date of invoice.

Page 1