**Invoice Address** Kingston and Richmond NHS Foundation Trust RAX Payables F955 PO Box 312 Leeds **LS11 1HP** 

Supplier Viamed Ltd 15 Station Road Cross Hills 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 Department** 

02033223912 Contact Tel 00002420 Account 353129852 Customer Reference Date 28 Oct 2025

Tracking Number 1Z9W96386876765928

Priced In **UK Pounds** 

Delivery Address Kingston Hospital Main Stores Galsworthy Road Kingston upon Thames London KT2 7QB

## Invoice RVM159785-1

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

## Delivery Reference DVM159785-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premi Ref. R300P02 Pack of 20	e 3	56.70	11.34	204.12
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regul Ref. R300P01 Pack of 20	ar 4	56.70	11.34	272.16
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876765928		12.00	2.40	14.40

Total Net: 408.90 Total Vat: 81.78 Total: 490.68

Banking details Bank

Barclays Bank PLC Sort Code 20-78-42 00906662 Account Number

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.