**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** 

Contact Tel 02033223912 Account 353129974 Customer Reference

00002420

Date

29 Oct 2025

Tracking Number

1Z9W96386877505386

Priced In

**UK Pounds** 

Invoice RVM159826-1

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

## Delivery Reference DVM159826-1 Contact sophie.lines@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	lar 1	56.70	11.34	68.04
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877505386		8.00	1.60	9.60

**Total Net:** 64.70 Total Vat: 12.94 Total: 77.64

Banking details

Delivery Address Kingston Hospital Main Stores

Galsworthy Road Kingston upon Thames

London KT2 7QB

Barclays Bank PLC Bank 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.

Page 1