**Invoice Address** West Herts Teaching Hospitals NHS Trust Finance Department Maple House Unit 11 **Thomas Sawyer Way** Watford **WD18 0GS** 

Delivery Address Watford General Hospital Receipt and Delivery Point - WGH Vicarage Road Watford **WD18 0HB** 

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

Company Reg No: 01291765 EORI No: GB287389593000

Tracking Number

**Amanda Thomas** Contact Name Contact Tel 01923244366 00005260 Account Customer Reference 990140570 Date 20 Nov 2025

Priced In **UK Pounds** 

## Invoice RVM160235-1

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

## Delivery Reference DVM160235-1 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 5	56.70	11.34	340.20
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878638535		12.00	2.40	14.40

Total Net: 295.50 Total Vat: 59.10 Total: 354.60

1Z9W96386878638535

Banking details Bank

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

IBAN BUKBGB22

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

Terms: Net 30 days from date of invoice.

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.

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