

**Invoice Address**

Leicester Royal Infirmary  
Accounts Payable Department  
P O Box 189  
Leicester  
LE1 5WP

Delivery Address  
Leicester Royal Infirmary  
Materials Handling Unit  
Gate 9  
Havelock Street  
Leicester  
LE2 7HA

Supplier  
Viamed Ltd  
15 Station Road  
Cross Hills  
Keighley, West Yorkshire  
BD20 7DT  
Tel: +44 (0) 1535 634542  
Fax: +44 (0) 1535 635582  
Email: info@viamed.co.uk  
VAT Reg No: GB287389593  
Company Reg No: 01291765



Contact Name Nila Vakani  
Contact Tel 0300 303 1573  
Account 00002600  
Customer Reference LR680118  
Date 03 Sep 2020  
Tracking Number 1Z9W9638DK67598585

**Invoice RVM125662-1**

Delivery Reference DVM125662-1 Contact sarah.walton@viamed.co.uk

Item Reference	Description	Quantity	£ Unit	£ Unit Vat	£ Total
1114005 Tariff 9018199000	EyeMax 2 Neonatal Phototherapy Mask - Regular Pack of 20	4	42.50	8.50	204.00
1114006 Tariff 9018199000	EyeMax 2 Neonatal Phototherapy Mask - Premie Pack of 20	4	40.75	8.15	195.60
PPUPS1	Courier delivery - Standard	1	10.00	2.00	12.00
AWB:1Z9W9638DK67598585					

Total Net: £ 343.00  
Total Vat: £ 68.60  
Total: £ 411.60

Banking details  
Bank Barclays Bank PLC  
Sort Code 20-78-42  
Account Number 00906662  
IBAN GB05BUKB20784200906662  
BIC BUKGBB22  
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.