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# Viamed Ltd



Delivery Address	Invoice Address	Contact Name	: Purchasing
Diana Princess of Wales Hospital DPOW Receipt And Distribution Scartho Road Grimsby DN33 2BA	Northern Lincolnshire And Goole NHSFT C/O ELFS Shared Services PO Box 4418 Unit 2 Swindon SN4 4RW	Contact Tel	: 03033306757
		Account	00001995
		Customer Reference	MM28588
		Date	01 Apr 2025
		Priority	3
		Priced In	UK Pounds

## Order Confirmation CVM155983

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CIP Carriage and Insurance Paid To Diana POW Hospital, UK \* Incoterms(R) 2020

Your Viamed Contact for this Order Confirmation : kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20 Due Date 02 Apr 2025	1	56.70	11.34	68.04
PPUPS1	UPS Courier Delivery - Standard	1	8.00	1.60	9.60

Total Net:	64.70
Total Vat:	12.94
Total:	77.64

Banking details	BIC
Bank	Barclays Bank PLC
Sort Code	20-78-42
Account Number	00906662
IBAN	GB05BUKB20784200906662
BIC	BUKBGB22
Terms and conditions	<a href="https://www.viamed.co.uk/terms">https://www.viamed.co.uk/terms</a>