

Invoice Address  
University Hospitals of Leicester NHST  
Leicester Royal Infirmary  
Accounts Payable Department  
P O Box 189  
Leicester  
LE1 5WP

Supplier  
Viamed Ltd  
15 Station Road  
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 Supplies  
Contact Tel 03003031573  
Account 00002600  
Customer Reference MM159607-1  
Date 27 Nov 2024  
Tracking Number 1Z9W96386876754887  
Priced In UK Pounds

## Invoice RVM153612-1

Delivery Address  
Leicester Royal Infirmary  
Ward 6 Kensington  
C/O Materials Handling Unit  
Gate 9 Havelock Street  
Leicester  
LE2 7HA

CIP Carriage and Insurance Paid To Leicester Royal Infirmary, UK \* Incoterms(r) 2020

Delivery Reference DVM153612-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006 Tariff 9018199000 CoO U.S.A.	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	1	0.00	0.00	0.00
1114005 Tariff 9018199000 CoO United States	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	1	0.00	0.00	0.00
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876754887		0.00	0.00	0.00
				Total Net:	0.00
				Total Vat:	0.00
				Total:	0.00

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.