

Invoice Address  
Hull University Teaching Hospitals  
C/O ELFS Business Services  
PO Box 4418  
Unit 2  
Swindon  
SN4 4RW

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 Department  
Contact Tel: 01482608783  
Account: 00002265  
Customer Reference: RWA253309  
Date: 24 Feb 2025  
Tracking Number: 1Z9W96386840080707  
Priced In: UK Pounds

## Invoice RVM155198-1

Delivery Address  
Hull Royal Infirmary  
HUTH Goods Inward  
Fountain Street  
Anlaby Road  
Hull  
HU3 2JZ

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

Delivery Reference DVM155198-1 Contact emily.morton@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114007 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	2	56.70	11.34	136.08
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840080707		10.00	2.00	12.00

Total Net: 123.40  
Total Vat: 24.68  
Total: 148.08

Banking details  
Bank: Barclays Bank PLC  
Sort Code: 20-78-42  
Account Number: 00906662  
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.