

Invoice Address
Cambridge University Hospitals NHSFT
Addenbrookes Hospital
Finance Department Box 130
Hills Road
Cambridge
CB2 0QQ

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 | Procurement |
| Contact Tel | 01223245151 |
| Account | 00000860 |
| Customer Reference | P1000313143 |
| Date | 18 Mar 2025 |
| Tracking Number | 1Z9W96386842813340 |
| Priced In | UK Pounds |

Invoice RVM155689-1

Delivery Address
Addenbrookes Hospital
Cambridge Univ Hospitals NHSFT
Procurement Goods In
Hills Road
Cambridge
CB2 0QQ

CIP Carriage and Insurance Paid To Addenbrookes Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM155689-1 Contact sophie.lines@viamed.co.uk

| Item Reference | Description | Quantity | Unit | Unit Vat | Total |
|--|---|----------|-------|----------|-------|
| 1114005 Tariff 9018199000 CoO Mexico | EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20 | 1 | 56.70 | 11.34 | 68.04 |
| PPUPS1 | UPS Courier Delivery - Standard AWB:1Z9W96386842813340 | | 8.00 | 1.60 | 9.60 |

| | |
|------------|-------|
| Total Net: | 64.70 |
| Total Vat: | 12.94 |
| Total: | 77.64 |

Banking details
Bank Barclays Bank PLC
Sort Code 20-78-42
Account Number 00906662
IBAN GB05BUKB20784200906662
BIC BUKGB22
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.