

Invoice Address  
Frimley Health NHSFT  
Accounts Payable Greenwood Offices  
Heatherwood Hospital  
Brook Avenue  
Ascot  
SL5 7GB

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 Roma Davies  
Contact Tel 01753633000  
Account 00004670  
Customer Reference P775439  
Date 29 Apr 2025  
Tracking Number 1Z9W96386878424953  
Priced In UK Pounds

## Invoice RVM156497-1

Delivery Address  
Wexham Park Hospital  
Main Stores  
Wexham Street  
Slough  
SL2 4HL

CIP Carriage and Insurance Paid To Wexham Park Hospital, UK \* Incoterms(r) 2020

Delivery Reference DVM156497-1 Contact aqib.majeed@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	5	56.70	11.34	340.20
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878424953		12.00	2.40	14.40

Total Net: 295.50  
Total Vat: 59.10  
Total: 354.60

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.