**Invoice Address** Lancashire Teaching Hospitals NHST C/O ELFS Business Services Viscount House Arkwright Court Commercial Road Darwen BB3 0FG

Delivery Address Royal Preston Hospital Stores RXN9457 Ward 8 Sharoe Green Lane North Fulwood Preston

PR29HT

Supplier Viamed Ltd 15 Station Road Cross Hills

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

Tracking Number

**Procurement** Contact Name Contact Tel 01772716565 00004260 Account Customer Reference IL1032027 Date 29 Apr 2025

Priced In **UK Pounds** 

Invoice RVM156511-1

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

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regu Ref. R300P01 Pack of 20	lar 1	56.70	11.34	68.04
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Prem Ref. R300P02 Pack of 20	ie 1	56.70	11.34	68.04
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876826004		10.00	2.00	12.00

Delivery Reference DVM156511-1 Contact kate.griffiths@viamed.co.uk

Total Net: 123.40 Total Vat: 24.68 Total: 148.08

1Z9W96386876826004

Banking details Bank Sort Code

20-78-42 00906662 Account Number IBAN GB05BUKB20784200906662 BUKBGB22 Terms & conditions https://www.viamed.co.uk/terms

Barclays Bank PLC

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.

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