

Invoice Address  
Southampton General Hospital  
Tremona Road  
Southampton  
SO16 6YD

Supplier  
Viamed Ltd  
15 Station Road  
Cross Hills  
Keighley, West Yorkshire  
BD20 7DT, United Kingdom  
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Fax: +44 (0) 1535 635582  
Email: info@viamed.co.uk  
VAT Reg No: GB287389593  
Company Reg No: 01291765  
EORI No: GB287389593000



Contact Name Emma Ames  
Contact Tel 02381206026  
Account 00004725  
Customer Reference RHMN400026619  
Date 20 May 2025  
Tracking Number 1Z9W96386878618557  
Priced In UK Pounds

## Invoice RVM156820-1

Delivery Address  
Princess Anne Hospital  
TK1312 P.A.H Burley F Level  
General Stores Lvl B Centre Block  
Coxford Road  
Southampton  
SO16 6YD

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

Delivery Reference DVM156820-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	1	56.70	11.34	68.04
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878618557		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.