

Invoice Address
 University Hospitals of Leicester NHST
 Leicester Royal Infirmary
 Accounts Payable Department
 P O Box 189
 Leicester
 LE1 5WP

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: Barbara Smith
 Contact Tel: 01162588607
 Account: 00002600
 Customer Reference: LR745676
 Date: 19 Jun 2025
 Tracking Number: 1Z9W96386878094159
 Priced In: UK Pounds

Invoice RVM157422-1

Delivery Address
 Leicester Royal Infirmary
 Materials Handling Unit
 Gate 9
 Havelock Street
 Leicester
 LE2 7HA

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

Delivery Reference DVM157422-1 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	3	56.70	11.34	204.12
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	1	56.70	11.34	68.04
0021013 Tariff 90181990-00 CoO United States	Posey Sensor Wraps Model 6554 Box of 12	1	16.20	3.24	19.44
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878094159		0.00	0.00	0.00

Total Net: 243.00
 Total Vat: 48.60
 Total: 291.60

Banking details
 Bank: Barclays Bank PLC
 Sort Code: 20-78-42
 Account Number: 00906662
 IBAN: GB05BUKB20784200906662
 BIC: BUKGBB22
 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.