

Invoice Address  
Western Health and Social  
Shared Services Payment Centre  
PO Box1044  
Ballymena  
BT42 9BT  
Northern Ireland

Delivery Address  
South West Acute Hospital  
R and D CTR  
Receipt and Distribution Point  
124 Irvinestown Road  
Enniskillen  
BT74 6DN

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	Kay Porter
Contact Tel	02866382000
Account	00000196
Customer Reference	EB202350
Date	20 Jun 2025
Tracking Number	1Z9W96386840854827
Priced In	UK Pounds

## Invoice RVM157453-1

CIP Carriage and Insurance Paid To South West Acute Hospital, UK \* Incoterms(r) 2020

Delivery Reference DVM157453-1 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
PPUPS2	UPS Courier Delivery - Standard AWB:1Z9W96386840854827		8.16	1.63	9.79

Total Net:	64.86
Total Vat:	12.97
Total:	77.83

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.