Invoice Address Wye Valley NHS Trust Accounts Payable Harold Street Archive Building **Harold Street** Hereford HR1 2QX

Delivery Address Hereford County Hospital Maternity Ward Receipt and Distribution Centre Union Walk Hereford HR1 2ER

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

Janet Trevena Contact Name 01432355444 Contact Tel 00002200 Account 000311600 Customer Reference Date 27 Jun 2025

Tracking Number 1Z9W96386876515126

Priced In **UK Pounds**

Invoice RVM157577-1

CIP Carriage and Insurance Paid To Hereford County Hosp, UK * Incoterms(r) 2020

Delivery Reference DVM157577-1 Contact kate.griffiths@viamed.co.uk

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
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876515126		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 00906662 Account Number IBAN

BIC BUKBGB22
Terms & conditions https://www.viamed.co.uk/terms

GB05BUKB20784200906662

Terms: Net 30 days from date of invoice.

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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