Invoice Address Epsom and St Helier University Hospital **RVR Payables 7545** PO Box 312 Leeds **LS11 1HP**

Cross Hills
Keighley, West Yorkshire
BD20 7DT, United Kingdom
Tel: +44 (0) 1535 634542
Fax: +44 (0) 1535 635582
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VAT Reg No: GB287389593
Company Reg No: 01291765
EORI No: GB287389593000

Supplier Viamed Ltd 15 Station Road

Cross Hills

Steve Baker Contact Name 02082962000 Contact Tel 00001020 Account 249299048 Customer Reference Date 16 Jul 2025

Tracking Number 1Z9W96386876439987

Priced In **UK Pounds**

Delivery Address St Helier Hospital Receipt and Despatch Wrythe Lane Carlshalton SM5 1AA

Invoice RVM157864-1

CIP Carriage and Insurance Paid To St Helier Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM157864-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114007 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	2	56.70	11.34	136.08
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876439987		10.00	2.00	12.00

Total Net: 123.40 Total Vat: 24.68 Total: 148.08

Banking details Bank

Barclays Bank PLC Sort Code 20-78-42 00906662 Account Number

IBAN GB05BUKB20784200906662

BIC BUKBGB22
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.