**Invoice Address** Southampton General Hospital Tremona Road Southampton SO16 6YD

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



Company Reg No: 01291765 EORI No: GB287389593000 Contact Name Contact Tel

John Ayres 02381206026 00004725

Customer Reference

RHMN400032195

Date

Account

21 Jul 2025

Tracking Number

1Z9W96386876333091

Priced In

**UK Pounds** 

**Delivery Address** Princess Anne Hospital TK1703 RM F8 Lyndhurst WD F Level General Store LVL B Centre Blcok Coxford Road Southampton SO16 6YD

## Invoice RVM157995-1

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

## Delivery Reference DVM157995-1 Contact agib.majeed@viamed.co.uk

| Item Reference                             | Description  | Quantity | Unit  | Unit Vat | Total  |
|--|--|----------|-------|----------|--------|
| 1114006<br>Tariff 9018199000<br>CoO Mexico | EyeMax 2 Neonatal Phototherapy Mask - Prem<br>Ref. R300P02<br>Pack of 20 | ie 3     | 56.70 | 11.34    | 204.12 |
| PPUPS1                                     | UPS Courier Delivery - Standard<br>AWB:1Z9W96386876333091                |          | 10.00 | 2.00     | 12.00  |

Total Net: 180.10 Total Vat: 36.02

Total: 216.12

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.