Invoice Address Royal Cornwall Hospitals Trust Accounts Payable Finance Dept Carlyon House Treliske Truro TR1 3LJ

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

Supplier

Ryan Hicks Contact Name 01872250000 Contact Tel 00005140 Account Customer Reference 25509116 Date 29 Jul 2025

Tracking Number 1Z9W96386840736740

Priced In **UK Pounds**

Delivery Address Royal Cornwall Hospital Trust Neonatal Unit C/O Stores Controller Treliske Gloweth TR1 3LJ

Invoice RVM158128-1

CIP Carriage and Insurance Paid To Royal Cornwall Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM158128-1 Contact agib.majeed@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:1Z9W96386840736740		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 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.

Page 1