Invoice Address
Manchester University NHS Foundation Trust
Trafford General Hospital
Accounts Payable - Central Invoices
Finance and Proc Business Unit
Davyhulme
M41 5SL

Delivery Address Wythenshawe Hospital Maternity Services Southmoor Road Wythenshawe Manchester M23 9LT Supplier Viamed Ltd 15 Station Road Cross Hills Keighley, West Yorkshirk BD20 7DT, United Kingo

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

EORÍ No: GB287389593000

Contact Name Sheryl White

Contact Tel 01612912019

Account 00003640

Customer Reference 000524216 Date 30 Jul 2025

Tracking Number

30 Jul 2025 1Z9W96386842890945

Priced In UK Pounds

Invoice RVM158155-1

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

Delivery Reference DVM158155-1 Contact aqib.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 3	56.70	11.34	204.12
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386842890945		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 Account Number 00906662

IBAN GB05BUKB20784200906662
BIC BUKBGB22
Terms & conditions https://www.viamed.co.uk/terms

Full ir Claim 662 Short

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.

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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