Invoice Address Croydon Health Services NHST RJ6 Payables F905 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 Email: info@viamed.co.uk VAT Reg No: GB287389593 Company Reg No: 01291765 EORI No: GB287389593000

Contact Name Contact Tel Account Customer Reference Date

Procurement 02033223912 00005120 348110315 05 Aug 2025

Tracking Number

1Z9W96386877271638

Priced In

Supplier Viamed Ltd 15 Station Road

Cross Hills

UK Pounds

Delivery Address Croydon University Hospital Energy Centre 530 London Road Croydon CR7 7YE

Invoice RVM158240-1

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

Delivery Reference DVM158240-1 Contact agib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Prem Ref. R300P02 Pack of 20	ie 2	56.70	11.34	136.08
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regu Ref. R300P01 Pack of 20	ılar 2	56.70	11.34	136.08
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386877271638		10.00	2.00	12.00

Total Net: 236.80 Total Vat: 47.36 Total: 284.16

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.

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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