Invoice Address Wirral Univ Teaching Hospital NHSFT Clatterbridge Hospital WUTHC1 700095 Accounts Payable Clatterbridge Road **Bebington CH63 4JY**

Delivery Address Arrowe Park Hospital WUTHA Goods Distribution Centre 703804 Hospital Stores Arrowe Park Road Upton CH49 5PE

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
EORI No: GB287389593000

Tracking Number

Purchasing Dept Contact Name Contact Tel 01516773703 00005164 Account **Customer Reference** RBLN400236646 Date 11 Aug 2025

1Z9W96386840083286

Priced In **UK Pounds**

Invoice RVM158353-1

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

Delivery Reference DVM158353-1 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	ılar 1	56.70	11.34	68.04
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Prem Ref. R300P02 Pack of 20	ie 1	56.70	11.34	68.04
1114007 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20) 1	56.70	11.34	68.04
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840083286		10.00	2.00	12.00

Total Net: 180.10 Total Vat: 36.02 Total: 216.12

Banking details Bank Sort Code Account Number

IBAN

Barclays Bank PLC 20-78-42 00906662

GB05BUKB20784200906662 BUKBGB22

Terms & conditions https://www.viamed.co.uk/terms

Terms: Net 30 days from date of invoice.

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.