**Invoice Address** University Hospitals of Leicester NHST Leicester Royal Infirmary Accounts Payable Department P O Box 189 Leicester LE15WP

**Delivery Address** Leicester Royal Infirmary
Paed Cardiac WD LVL 1 Kens LRI C/O Materials Handling Unit Gate 9 Havelock Street Leicester LE2 7HA

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

Tracking Number

**Procurement** Contact Name Contact Tel 03003031573 00002600 Account Customer Reference MM172101 Date 22 Aug 2025

Priced In **UK Pounds** 

## Invoice RVM158616-1

CIP Carriage and Insurance Paid To Leicester Royal Infirmary, UK \* Incoterms(r) 2020

## Delivery Reference DVM158616-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
0021013 Tariff 90181990-00 CoO United States	Posey Sensor Wraps Model 6554 Box of 12	4	12.10	2.42	58.08
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876946992		0.00	0.00	0.00

**Total Net:** 48.40 Total Vat: 9.68 Total: 58.08

1Z9W96386876946992

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.

