Invoice Address
University Hospitals of Leicester NHST
Leicester Royal Infirmary
Accounts Payable Department
P O Box 189
Leicester
LE1 5WP

Supplier
Viamed Ltd
15 Station Road
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	Procurement
Contact Tel	03003031573
Account	00002600
Customer Reference	MM172434
Date	05 Sep 2025
Tracking Number	1Z9W96386842832945
Priced In	UK Pounds

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

Invoice RVM158864-1

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

Delivery Reference DVM158864-1 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:1Z9W96386842832945		0.00	0.00	0.00

Total Net:	48.40
Total Vat:	9.68
Total:	58.08

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

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.