

Invoice Address
Sheffield Childrens Hospital NHS Trust
Finance Department
Western Bank
Sheffield
S10 2TH

Supplier
Viamed Ltd
15 Station Road
Cross Hills
Keighley, West Yorkshire
BD20 7DT, United Kingdom
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Fax: +44 (0) 1535 635582
Email: info@viamed.co.uk
VAT Reg No: GB287389593
Company Reg No: 01291765
EORI No: GB287389593000



Contact Name Autumn Briggs
Contact Tel 01142269856
Account 00004580
Customer Reference 300020251
Date 15 Sep 2025
Tracking Number 1Z9W96386840114304
Priced In UK Pounds

Invoice RVM158998-1

Delivery Address
Sheffield Childrens Hospital
Children's Hospital Main Site
Via Stores
Clarkson Street
Sheffield
S10 2TH

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

Delivery Reference DVM158998-1 Contact aqib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	2	56.70	11.34	136.08
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	1	56.70	11.34	68.04
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840114304		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 BUKGBB22
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.