

Invoice Address  
Maidstone and Tunbridge Wells NHST  
Accounts Payable Finance Department  
Unit F Hermitage Court  
Hermitage Lane  
Maidstone  
ME16 9NT

Delivery Address  
Tunbridge Wells Hospital  
Neonatal Green Zone L2 Main Stores  
Tonbridge Road  
Pembury  
Tunbridge Wells  
TN2 4QJ

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 Purchasing Department  
Contact Tel 01622225329  
Account 00000019  
Customer Reference 500498081  
Date 09 Oct 2025  
Tracking Number 1Z9W96386876423387  
Priced In UK Pounds

## Invoice RVM159460-1

CIP Carriage and Insurance Paid To Tunbridge Wells Hosp, UK \* Incoterms(r) 2020

Delivery Reference DVM159460-1 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
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876423387		10.00	2.00	12.00

Total Net: 123.40  
Total Vat: 24.68  
Total: 148.08

Banking details  
Bank Barclays Bank PLC  
Sort Code 20-78-42  
Account Number 00906662  
IBAN GB05BUKB20784200906662  
BIC BUKGB22  
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.