Invoice Address Princess Alexandra Hosp Trust **RQW Payables G145** PO Box 312 Leeds **LS11 1HP**

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 Contact Tel Account Customer Reference

Supplier Viamed Ltd 15 Station Road

Cross Hills

01279827951 00002079 362031743 28 Oct 2025

Procurement

Date Tracking Number

1Z9W96386876218742

Priced In **UK Pounds**

Delivery Address Princess Alexandra Hospital Main Stores Hamstel Road Harlow CM20 1QX

Invoice RVM159795-1

CIP Carriage and Insurance Paid To Princess Alexandra Hosp, Essex * Incoterms(r) 2020

| Item Reference | Description | Quantity | Unit | Unit Vat | Total |
|--|---|----------|-------|----------|--------|
| 1114005 Tariff 9018199000 CoO Mexico | EyeMax 2 Neonatal Phototherapy Mask - Regul Ref. R300P01 Pack of 20 | ar 2 | 56.70 | 11.34 | 136.08 |
| 1114006 Tariff 9018199000 CoO Mexico | EyeMax 2 Neonatal Phototherapy Mask - Premi Ref. R300P02 Pack of 20 | e 1 | 56.70 | 11.34 | 68.04 |
| PPUPS1 | UPS Courier Delivery - Standard AWB:1Z9W96386876218742 | | 10.00 | 2.00 | 12.00 |

Delivery Reference DVM159795-1 Contact emily.morton@viamed.co.uk

Total Net: 180.10 Total Vat: 36.02 Total: 216.12

Banking details Bank

Barclays Bank PLC Sort Code 20-78-42 00906662 Account Number

IBAN BIC BUKBGB22
Terms & conditions https://www.viamed.co.uk/terms

GB05BUKB20784200906662

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.

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