

Invoice Address
Leicester University Hospitals
Accounts Payable Department
PO 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 | 00002590 |
| Customer Reference | MM176629 |
| Date | 29 Oct 2025 |
| Tracking Number | 1Z9W96386877683041 |
| Priced In | UK Pounds |

Invoice RVM159833-1

Delivery Address
Leicester General Hospital
N.I.C.U. LGH
C/o Receipts and Distribution
Gwendolen Road
Leicester
LE5 4PW

CIP Carriage and Insurance Paid To Leicester General Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM159833-1 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 | 1 | 56.70 | 11.34 | 68.04 |
| PPUPS1 | UPS Courier Delivery - Standard AWB:1Z9W96386877683041 | | 8.00 | 1.60 | 9.60 |

| | |
|------------|-------|
| Total Net: | 64.70 |
| Total Vat: | 12.94 |
| Total: | 77.64 |

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.