**Invoice Address** James Paget Hospitals NHSFT **RGP Payables F985** 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



Holly Wright Contact Name Contact Tel 01493452202 00001910 Account **Customer Reference** 356036571 Date 10 Nov 2025

Tracking Number 1Z9W96386840926633

Priced In **UK Pounds** 

**Delivery Address** JPUH NHS Foundation Trust Main Stores Lowestoft Road Gorleston

**Great Yarmouth** NR31 6LA

Supplier Viamed Ltd 15 Station Road

Cross Hills

Invoice RVM159963-1

CIP Carriage and Insurance Paid To James Paget Hospital, UK \* Incoterms(r) 2020

## Delivery Reference DVM159963-1 Contact agib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regu Ref. R300P01 Pack of 20	lar 4	56.70	11.34	272.16
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Prem Ref. R300P02 Pack of 20	ie 4	56.70	11.34	272.16
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386840926633		12.00	2.40	14.40

**Total Net:** 465.60 Total Vat: 93.12 Total: 558.72

Banking details Bank

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

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.