**Invoice Address** Healthcare Partners Ltd MA2 Payables F755 PO Box 312 Leeds **LS11 1HP** 

Supplier Viamed Ltd 15 Station Road Cross Hills 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

**Procurement** Contact Name Contact Tel 01483571122 00002021 Account Customer Reference 333236818 Date 06 Nov 2025

Tracking Number 1Z9W96386878702278

Priced In **UK Pounds** 

Delivery Address Royal Surrey County Hospital Receipt and Distribution MA2185V Shere Ward D(V)(IMS) Egerton Road Guildford GU2 7XX UK

## Invoice RVM159990-1

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

## Delivery Reference DVM159990-1 Contact emily.morton@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 1	56.70	11.34	68.04
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878702278		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 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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