Invoice Address University Hospitals Bristol and Weston NHSFT PO Box 3214

Trust HQ Marlborough Street **Bristol** BS1 9JR

Delivery Address St Michaels Hospital Special Care Baby Unit Level D Southwell Street Bristol BS2 8EG

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

Company Reg No: 01291765 EORI No: GB287389593000

Procurement Contact Name Contact Tel 01173425324 00000691 Account Customer Reference EP121112 Date 11 Nov 2025

Tracking Number 1Z9W96386876772401

Priced In **UK Pounds**

Invoice RVM160058-1

CIP Carriage and Insurance Paid To St Michaels Hospital, UK * Incoterms(r) 2020

Delivery Reference DVM160058-1 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 3	56.70	11.34	204.12
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876772401		10.00	2.00	12.00

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 GB05BUKB20784200906662 BIC BUKBGB22
Terms & conditions https://www.viamed.co.uk/terms

Terms: Net 30 days from date of invoice.

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.

