



**Invoice Address**  
North West Anglia NHS FT  
RGN Payables 7455  
PO Box 312  
Leeds  
LS11 1HP

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 Sharon Skeels  
Contact Tel 01480418769  
Account 00004113  
Customer Reference 233370773  
Date 03 Dec 2025  
Tracking Number 1Z9W96386878661063  
Priced In UK Pounds

**Invoice RVM160472-1**

**Delivery Address**  
Peterborough City Hospital  
Central Stores  
Edith Cavell Campus  
Bretton  
Peterborough  
PE3 9GZ

CIP Carriage and Insurance Paid To Peterborough City Hosp, UK \* Incoterms(r) 2020

Delivery Reference DVM160472-1 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	3	56.70	11.34	204.12
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386878661063	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  
Account Number 00906662  
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 full has been received.